

Project Authorization Form for Quote #500544309

To initiate this project, please complete and return the entire quote to Christine Herrmann at fax #973-860-1687 or christine.herrmann@intertek.com. **By signing this proposal, you accept the terms and conditions within and attached.**

Quote issued to:	Kapil Kulkarni Calorique 238 Cranberry Highway West Wareham, MA 02576
Company Legal Entity Name:	
Authorized by (print name):	KAPIL KULKARNI
Signature:	
Date Authorized:	08/15/19
Client Ready Date:	
Enter the date when samples, documentation, and prepayment (if required) will arrive at Intertek or will be ready for on-site evaluation	
Purchase Order # or Initials: Please include a copy of your signed Purchase Order with this form. If your company does not require Purchase Orders for invoice payments, please initial this line to confirm payment of invoices will not be delayed due to the absence of a Purchase Order.	
Is this project request for an ETL /MH or Other Intertek Certification Listing?	YES <input type="checkbox"/> ** No <input type="checkbox"/>
<p>**If YES, please complete the attached client information sheet and return with this Project Authorization Form if it is a: (1) New Certification Request, or (2) Revision to an Existing Intertek Report involving a change to the Applicant or Manufacturer information.</p>	
<p>Sample Return: Test samples not consumed during testing may be disposed of or returned after completion of testing. Please choose and initial one option below:</p>	
Dispose of Sample(s) _____	If required, sample disposal fees will be invoiced in addition to quoted project fees; or,
Return Sample(s) <input checked="" type="checkbox"/>	Return sample(s) instructions: <u>UPS GROUND</u>
	Shipping Method: _____
	Charge to Account Number: <u>831W70</u>
	Insurance Value: <u>0</u>
	Other Instructions: _____