

# Order Form - Spectroscopy

## Earlier quotation number Hohenstein

### Customer

Company name:

Street, No.:

Postal code:

City:

Country:

VAT REG No.:

Commercial register:

Contact:

Mr. /  Ms.

Surname:

Name:

Position:

Phone:

E-Mail:

### Invoice recipient (only to be completed, if data deviates from the customer)

### Billing information

Billing currency in EUR

Send bill to buyer with E-Mail:  Yes (no postal dispatch)  No

### Information sample material

Sample description:

Composition:

Colour / Category:

Final use:

Style-No.:

Article-No.:

Country of origin:

Supplier:

Re-Test:  No  Yes, earlier report number:

Others:

Testing parameter	
<b>UV-characteristics</b> <input type="checkbox"/> UV-protection acc. to UV STANDARD 801 <input type="checkbox"/> incl. material certification <input type="checkbox"/> UV-protection acc. to AS/NZS 4399 <input type="checkbox"/> UV-protection acc. to DIN EN 13758-1	<b>Spectroscopic measurements</b> <input type="checkbox"/> Measurement in UV-, VIS-, IR-wavelength ranges <input type="checkbox"/> Welder's protection for UV-C-wavelength range <input type="checkbox"/> Determination of luminous and solar characteristics (DIN EN 410, mod.) <input type="checkbox"/> Determination of total luminous transmittance <input type="checkbox"/> Material determination of textile coatings
<b>Colorimetry</b> <input type="checkbox"/> Determination of colour coordinates <input type="checkbox"/> Determination of colour differences <input type="checkbox"/> Acceptance of colour differences <input type="checkbox"/> Visual acceptance <input type="checkbox"/> Determination of colour of background material (DIN EN ISO 20471, DIN EN 1150, GORT)	<b>Various</b> <input type="checkbox"/> Gloss level <input type="checkbox"/> Determination of opacity
<b>Whiteness</b> <input type="checkbox"/> Determination of degree of whiteness, tint value and brightness <input type="checkbox"/> Spectral analytical test of the „Polaris“ system	<b>Material</b> <input type="checkbox"/> Hohenstein White Scales <input type="checkbox"/> Illumination control checkers
<b>Comments</b>	

<b>Comments:</b>	
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Order management	*days after receipt until 10:00 o'clock, if technically possible	**for account of customer client
<input type="checkbox"/> <b>Regular</b> (10 working days*) <input type="checkbox"/> <b>Express</b> (on request*)		
<b>Report language:</b> <input type="checkbox"/> DE <input type="checkbox"/> EN <input type="checkbox"/> DE & EN		
<b>Return of remaining test specimen**:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Send report by:</b> <input type="checkbox"/> E-Mail <input type="checkbox"/> Postage to: <input type="checkbox"/> Others:	<input type="checkbox"/> Buyer (see above)	<input type="checkbox"/> Invoice recipient (see above)

<b>Comments:</b>

<b>Contact Hohenstein</b>	
<b>E-Mail:</b> <a href="mailto:sales-international@hohenstein.com">sales-international@hohenstein.com</a>	<b>Phone:</b> +49 7143 271 898

Date, City

Please confirm your acceptance by authorized Signature & Chop