

OMNITECH INSPECTION SERVICES

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Booking Form

Date: _____

Application company:	Supplier (Factory):
Address:	Place of inspection:
Contact person:	Contact person:
E-mail:	E-mail:
Tel No:	Tel:
Fax No:	Fax:
Mobile phone:	Mobile phone:

Inspection information:

Order No.	Product description	Item No	Order quantity	Inspection date	Need man-day
Total need inspection days (man-day):					

For inspection will be proceed smoothly, Please provide following document(s):

- Shipping mark Approval sample/Instruction sheet. Purchase order copy Product specification.

Specification requirement:

- Minimum 80% production ready for inspection. 100% production finished.
 AQL level II Major: _____ Minor: _____

Inspection requested:

- Pre-shipment Inspection During-production Inspection Factory audit Other inspection

Report to be copy to:

Name: _____ email address : _____

Name: _____ email address : _____

Signature for and on behalf of the applicant and Company Chop

: _____

Applicant Date: _____

Remarks:

- (1). Inspection booking should be made at least 7 working days (Sat, Sun & Public Holiday not included).