

---

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Identity number: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code and area: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Test reports sent to the following e-mail address: \_\_\_\_\_

---

Invoices sent to the following e-mail address: \_\_\_\_\_

Invoices are requested on electronic form:

Other information: \_\_\_\_\_

---

---

Invoices are only sent by e-mail and claims are created in an online bank, unless otherwise requested.

Please note that Sýni ehf. cannot be held responsible if data sent by e-mail reaches unauthorized persons in one way or another.

Signed on behalf of client: \_\_\_\_\_