
Sample Testing Application Request Sheet:

Instructions: Complete the following and fax to US Centrifuge @ 317-299-2284

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

US Centrifuge Contact Name: _____

Name or Description of Product Sample: _____

Current Process Application: _____

Desired Test Result: _____

Project is approved for purchase with successful test. Yes _____ No _____

Sample testing fee:

• \$250.00 per customer test. Purchase Order # _____

• The fee is applicable to the equipment purchase price.

• Laboratory test results are available per the lab cost.

• All oils and hazardous samples must be returned at customer's expense.

• **Please provide all return shipment information with product sample.**

Signature: _____ Date: _____

Be sure to include a copy of this document with the product sample. Failure to include this information with your product sample may cause testing delays.