



Request Form for Industrial Application Testing

MSDS AND COMPLETE US CENTRIFUGE SYSTEMS INDUSTRIAL APPLICATION MUST BE EMAILED OR FAXED PRIOR TO SHIPPING ANY, AND ALL MATERIAL – FULL PAYMENT MUST BE RECEIVED PRIOR TO TESTING.

Complete the following and fax to US Centrifuge Systems at 317-299-2284.

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

US Centrifuge Systems Contact Name: _____

Name or Description of Product Sample: _____

Current Process Application: _____

Desired Test Result: _____

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

All samples are returned at customer's expense. Please provide all return shipment information with product sample.

Signature: _____ Date: _____

Please include a copy of this document with the product sample. Failure to include this information with your product sample may cause testing delays. Sample ship to address: 1428 W. Henry Street. Indianapolis, IN 46221

FOR US CENTRIFUGE SYSTEMS EMPLOYEE USE ONLY: Label one container of the unprocessed sample and one container of the processed sample for review and analysis. Sample materials are to be returned to the customer's above address. Original testing analysis document is to be retained at Operations and a copy sent to Sales.

Date Sample Recorded: _____ Date Test Conducted: _____ Machine Type: _____

Technician: _____

Date Test Sample Returned: _____ Ship Via: _____

Shipped By (Employee Initials): _____