

FREE Sample Processing Traveler

Date: _____ Company: _____ Contact: _____

Phone: _____ Fax: _____ E-Mail: _____

Ship TO Address: _____

Expedite: No / Yes

Return Shipping: Fed Ex Priority _____ Account Number: _____

UPS Priority _____ Account Number: _____

Other _____ Account Number: _____

Special Packaging: No / Yes / Foil / Vacuum Seal / Other _____

Description: _____ Quantity: _____

Material: _____ Application: _____

Parameters Included: No / Yes

Parameters:

	Test 1	Test 2	Test 3		Notes:
Temperature				F° / C°	
Time				Min/Hr	
Power				Watts	
Gas 1				cc/Minute	
Gas 2				cc/Minute	

Contact Angle: No / Yes

Test 1. _____ Notes: _____

Test 2. _____ Notes: _____

Test 3. _____ Notes: _____

Status: Sales / Processing

First FREE Sample: YES / NO

Send samples to: **Greg De Large, 3522 Arrowhead Drive, Carson City, Nevada 89706**

Comments: _____
