

Sample Processing

Contact Information

Name: _____ Company: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

Address: _____
Street Address / City / State / Zip Code

Return Shipping

FedEx Priority: Account Number: _____

UPS Priority: Account Number: _____

Other: _____ Account Number: _____

Expedite Shipping: No Yes Special Packaging: Foil Vacuum Seal Other: _____

Processing Information

Description: _____

Quantity: _____ Material: _____ Application: _____

	Test 1	Test 2	Test 3	Notes
Temperature				
Time				
Power (watts)				
Gas 1 (cc/min)				
Gas 2 (cc/min)				
Contact Angle				

First Free Sample? No Yes

Comments: _____

Send Samples to
Chance Jones
3522 Arrowhead Drive
Carson City, Nevada 89706