

3100 N. Hemlock Circle Broken Arrow, OK 74012 Phone: 918-258-6066

800-982-8378 918-258-1154

SAMPLE SUBMITTAL FORM

		R	eporting I	nformation	on Billing	g In	nformation (if diff	erent)	Return Shipping:	
Company Name:									If you need sample remnants	
Address 1:									or mounts returned please	
Address 2:								fill in your account number below		
City, State, ZIP:									,	
Email Ad										
Phone Number:										
FAX Number:									UPS Acct:	
Contact Name:									FedEx Acct:	
P.O. Number*:									Other Carrier & Acct:	
Quote Number:										
		accepted.	Contact Cus	stomer Ser	vice for additional inf	form	nation. An addition	al charge	for return shipping will apply.	
Sample Description/ No. Type:		-	Material Heat Treat or Cla		t Condition, Grade, ass of Material		Testing to be Performed (include temperature for testing if applicable)		Testing Specification with Revision Level (if applicable)	
1										
2										
3										
4										
5										
	Do Not Destroy Sa	ımple(s)								
Quality Requirements (Important: Mark all that apply)		ISO 17025		NADCAP		Other None sp		pecified		
End User (Aerospace only)										
	Preference If Test Contact me immedia indicate the delive	itely	Perform the	e necessar	y retests as directed	by t	the specification		No Retesting; proceed to Report	
No	rmal Turn Time		Standard to	urn time va	aries by test.					
Expedited Service *			Need by date: Surcharge rates from 300% to 50% apply. Contact laboratory for							
		expedite se			tions and pricing. Istomer Service at in	fo.b	orokenarrow@eleme	nt.com o	r call 1-800-982-8378.	
E.z •										
Export	Jurisdiction Des	<u>ignation</u>	<u>(seiect Ol</u> 1				<u>npie submittals)</u>	<u>):</u> 1	Г	
Material is ITAR Controlled			or	al is EAR Controlle cted, provide ECCI	Or Or			Material is EAR99		
Autho-	ized Signature							Date		

Please include this form OR a complete purchase order with your test sample(s)											