

Confidential Testing Information

For testing, please fill out and send your materials along with the material's MSDS Safety Data Sheet to:

CETEC, 7111 Dorsey Run Road, Suite 107, Elkridge, MD 21075, USA

Material Safety Data Sheet (MSDS) Required

Note: A minimum of 16 to 20 cubic feet of material is required for testing Date: _____

Amount of Material Shipped Prepaid: _____ lbs. Shipping Method: _____

Origination Point: _____ Value: _____

Is a small control sample showing type of production included? _____

Please read information on info sheet

1. Name of Material: _____
2. Size of Feed: _____
3. Fineness of Finished Product Desired: _____
4. Capacity in pounds or Gallons per hour: _____
5. Abrasiveness: _____ Heat Sensitivity: _____
6. Moisture or Oil Content: _____
7. Blending or Dispersing: _____
8. Additional Information: _____
9. IS MATERIAL EXPLOSIVE, POISONOUS, NOXIOUS, OR: _____
10. Machine Power Requirements: volts, phase, cycles: _____

Contact Info:

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Authorized Contact: _____

Print Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Shipping Info: (Leave blank if same as contact)

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Authorized Contact: _____

Print Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

CETEC

7111 Dorsey Run Rd., Suite 107 Elkridge, MD 21075 USA

Phone: (410)-796-0890 Fax: (410)-796-0895

Material Return Authorization Form

*****CUSTOMER RESPONSIBLE FOR ALL SHIPPING COST*****

Due to current regulations concerning the disposal of materials, CETEC requires that all material shipped to us for testing purposes **MUST** be returned to the customer upon completion of the test. All return arrangements must be made prior to the start of any testing.

Please complete the following form and return it to CETEC, along with the other documentation required for testing.

Customer: _____

Billing Address: _____

Contact: _____

Phone Number: _____

Material Name: _____

Testing P.O. Number: _____

Ship to Address: _____

Preferred Shipping:

- Common Carrier Fright Collect
- UPS Acct. #
- FEDX Acct. #
- Prepay & Invoice
- Other: _____

Your name: _____

Date: _____

Signature: _____