

Customer Information

Company	<input type="text"/>		
Contact Name	<input type="text"/>	E-mail Address	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Your local Quadro Representative (if known)	<input type="text"/>		

Equipment to be tested (Please Circle)	COMIL	Q-VAC	F-10	SIFTER
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INFEED MATERIALS

Product To Test (Generic Product Name)	<input type="text"/>
Description of Material Bulk Density, Particle size, Flow	<input type="text"/>
Special Handling or Personal Protection Requirements (Please include applicable MSDS)	<input type="text"/>

DISCHARGE

Production Capacity Required	<input type="text"/>				
PSD Target Required	<input type="text"/>				
Description of Material Bulk Density, Flow	<input type="text"/>				
Particle Size Analysis For PSD Analysis 150 / Lower	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Products Refractive Index :</td> <td style="width: 50%;">Absorption Rate:</td> </tr> <tr> <td>Product's Dispersant Fluid:</td> <td>(i.e. water, isopropyl, etc)</td> </tr> </table>	Products Refractive Index :	Absorption Rate:	Product's Dispersant Fluid:	(i.e. water, isopropyl, etc)
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Product's Dispersant Fluid:	(i.e. water, isopropyl, etc)				
Liquid Nitrogen Tests	Please note that for products which require Liquid Nitrogen to mill, a nominal fee for the LN of \$300 is applicable				

PROCESS DESCRIPTION

The Existing / or Expected Process and any specific Problems that we should address (i.e. Feeding & Discharge Techniques).

Details of Results:

Do you require a Confidentiality Agreement?	No	Yes	
Do you wish to attend the test?	No	Yes	Contact Quadro to set date.
Would you prefer we videotape?	No	Yes	Prefer CD Other: ____
Would you like samples returned for analysis? **Note: We cannot return any goods without an EIN number, P.O. No./Account No. and ship to address*	No	Yes	
If YES, EIN Number:			
P.O. No. / Shipping Account No.:			

Unless otherwise specified, any remaining sample material following the completion of testing will be kept for one month before being discarded. If special handling is required, costs associated with the disposal will be invoiced or material shipped back to sender C.O.D.

SHIPPING ADDRESS
(if different than samples)

CARRIER NAME:

P.O. #:

EIN#:

Quadro can arrange for local proper disposal of materials at a cost.

P.O. #

Comments:

When you have completed this form, please fax it to (519) 884-0253. Feel free to attach any other information you think is relevant. We will contact you to arrange a test.