



24-Emergency: (518) 395-3310

Customer Sample Test Request Form

(Please complete as much data as possible)

Section 1:

Attention:

Von Roll USA, Inc.
Christina Quagliana
Systems Test Lab
200 Von Roll Drive
Schenectady, NY 12306

Date: _____
Phone: (518) 344-7161
Cell: (404) 354-5196
Fax: (518) 344-7212
Christina.Quagliana@vonroll.com

Distributor Information: Andarr Industries, Inc.

Darryl Berry
9303-25 Ave
Edmonton, Alberta
T6N 0A5

Phone: (780) 437-1417
Fax: (780) 437-1408

Customer Information:

Company: _____
Contact: _____
Address: _____

Phone: _____
Fax: _____

Section 2:

Product for evaluation: _____
Sample identification number: _____ Tank/Storage dimensions: _____
Date sample taken from tank: _____
Amount of resin in tank: _____
Additions and adjustment(s) to tank since previous sample test: _____

Evaluation submitted by: (check one) _____ Distributor _____ Customer
New business: _____
Protecting existing business: _____

Evaluation Requested: *Full quart sample is required for all testing*

- () Routine varnish/resin check
- () Compatibility with (please supply MSDS and product data if available): _____
- () Other requests: _____

Section 3:

Comments: _____

