

info@rubbertesting.net Phone: 360-626-9028 Fax: 206-694-2723

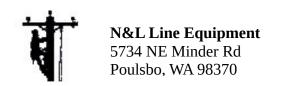
Dielectric Testing Request Form

By shipping items to N&L Line Equipment, you agree that any errors processing your order that occur as a result of not including this completed form are the sole responsibility of the shipping party.

If this form is not included in the shipment, we may at our discretion use information from any form previously received from your company, or we may contact you for clarification – this may delay your order.

Please print, fill out, and include this form with any shipped items.

Company Info	ormation	
Company Name		
Company Address	SS	
Preferred navmen	ent method (check one): Credit Card* Purchase Order+ Other:	
* We will contact you fe	ı for credit card information prior to shipping your order – please have it ready to avoid unnecessar	
	e Order payment account, please include your company's standard credit application with the initial	
Contact Inform	mation	
Please provide deta	tails for someone we may contact with any questions regarding your order.	
Name	Phone	
Email		
Service Prefer	erences	
Return Shipping A	Address	
Please choose a ret	return shipping option (check one):	
Ship UPS Groun	and on N&L Line Equipment's account; shipping costs will be added to the invoice	<u>)</u>
☐ Ship orders by:	:	



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How would you like to handle replacement of failed items (check one)?	
☐ Replace all failed items ☐ Do not replace failed items ☐ Call or email for approva	l to replace
Do you have any brand, color, or type preferences when replacing failures?	
☐ No, use any in-stock item of the same class	
☐Yes, I prefer:	
How would you like us to dispose of failed items (check one)?	
☐ Dispose on site ☐ Include failed items with return shipment (will be clearly marked)	
Please check all that apply:	
☐ Each pair of gloves should be in its own labeled box (boxes provided by N&L for ne	ew gloves only)
☐ Each pair of gloves is assigned to an individual; please label the gloves with the indi	vidual's name
Please test and return single gloves when present	
☐ My company has its own serial numbering system; please use these numbers instead labeling and printing the test report.	of N&L's when
☐ If discounted used items are available as replacements, please use those instead of no	ew items
Additional instructions or notes:	
The above preferences should be used: □ As the default for all orders □ For this or	der only
Signature Date	