



New Hampshire
MATERIALS
LABORATORY, INC.
Your Problem Solving Partner

22 Interstate Drive, Somersworth, NH 03878

Phone: 603-692-4110 • Fax: 603-692-4008

Date: _____

PO #: _____

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

eMail Address: _____ Phone: _____

<p>Quantity: _____</p> <p>P/N: _____</p> <p>Sample Description: _____ _____ _____</p> <p>TESTING REQUIREMENTS:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Alloy Verification</td> <td><input type="checkbox"/> EDS</td> </tr> <tr> <td><input type="checkbox"/> Chemical Analysis</td> <td><input type="checkbox"/> FTIR</td> </tr> <tr> <td><input type="checkbox"/> Mechanical Testing</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Failure Analysis</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Alloy Verification	<input type="checkbox"/> EDS	<input type="checkbox"/> Chemical Analysis	<input type="checkbox"/> FTIR	<input type="checkbox"/> Mechanical Testing	<input type="checkbox"/> Other _____	<input type="checkbox"/> Failure Analysis	_____	<p>Quantity: _____</p> <p>P/N: _____</p> <p>Sample Description: _____ _____ _____</p> <p>TESTING REQUIREMENTS:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Alloy Verification</td> <td><input type="checkbox"/> EDS</td> </tr> <tr> <td><input type="checkbox"/> Chemical Analysis</td> <td><input type="checkbox"/> FTIR</td> </tr> <tr> <td><input type="checkbox"/> Mechanical Testing</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Failure Analysis</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Alloy Verification	<input type="checkbox"/> EDS	<input type="checkbox"/> Chemical Analysis	<input type="checkbox"/> FTIR	<input type="checkbox"/> Mechanical Testing	<input type="checkbox"/> Other _____	<input type="checkbox"/> Failure Analysis	_____
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<p>SAMPLE DISPOSITION - Check One</p> <p><i>(Unless noted, all samples are discarded after 30 days of storage.)</i></p> <p><input type="checkbox"/> Return Samples Collect - UPS / FEDEX #: _____</p> <p><input type="checkbox"/> Return Samples - Include cost on final invoice</p>	<p>How Did You Hear About Us?</p> <p><input type="checkbox"/> Internet</p> <p><input type="checkbox"/> Referral</p> <p><input type="checkbox"/> Other _____</p>
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