



SAMPLE SUBMISSION FORM

PLEASE SEND SAMPLES TO:
 American Glass Research
 349 Tomahawk Drive
 Maumee, OH 43537

REQUESTOR INFORMATION	COMPANY*		CONTACT*		JOB TITLE*		
	ADDRESS* <small>Street</small>			<small>City, State</small>		<small>Zip</small>	<small>Country</small>
	TELEPHONE*		FAX*		EMAIL*		
	AUTHORIZING SIGNATURE*			PRINTED NAME*			DATE*
	BACKUP CONTACT			JOB TITLE			TELEPHONE

PAYMENT INFORMATION	A/P CONTACT NAME*		ADDRESS* <small>Street, City, State, and Zip</small>				
	EMAIL*		PO#		CREDIT CARD PAYMENT <input type="checkbox"/>	APPROVED AMOUNT	
	CARD #		EXP DATE	CARD SECURITY CODE		CARDHOLDER SIGNATURE	
	CARDHOLDER NAME		CARD BILLING ADDRESS * <small>Street, City, State, and Zip</small>				

* Required Information

SAMPLE DESCRIPTION*	SAMPLE IDENTIFICATION / PLANT LOCATION*	ANALYSIS REQUESTED*	RUSH**
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

* Required Information

** Please call to check availability of rush analysis.

SPECIAL INSTRUCTIONS (i.e, handling/storage of samples, results reporting format, specifications, etc): _____

THIS FORM MUST ACCOMPANY ALL SAMPLES