

ANALYSIS REQUEST FORM

Please complete and submit samples to:

American Glass Research 603 Evans City Road, Butler, PA 16001 Phone: (724)-482-2163

Fax: (724)-482-0116

	Company [*]		Contact	*		Title [*]		
REQUESTER AND PAYMENT INFORMATION	Address*							
	Telephone [*]		Fax*	Fax*		Email [*]		
	Authorizing Signa			Printed Name [*]			Date [*]	
	Backup Contact		Title			Telephone		
	A/P Contact [*]		Address	Address*				
	Amount to Bill/Charge* \$		PO#		PO Date	Cardholder Signature*		
	Credit Card □ VISA □ MASTERCARD □ AN		AMEX	Cardho	older Name	Card#		
	Exp Date	Credit Card Billing	g Address					
required information								
Sample Description Sample Identification /			Plant Location	ı*	Analysis Requested*			
Packaging Instructions: Please make sure that all samples are packed in a way that no glass to glass contact is possible. Use boxes with dividers, pack the samples in bubble wrap or use protective sleeves around the samples. Fill up empty space in the box with a soft filling material to prevent the samples from moving inside the box during shipment. Breakage samples need to be packed in a way that no further breakage during shipment will occur. Use bubble wrap to pack larger fragments and re-closeable plastic bags, such as zip bags for smaller fragments. Please mark the bags on the outside for sample identification. Special Instructions (i.e., handling/storage of samples, reporti			Proof of Design testing Container drawing 144 samples for testing Required specifications: Dimensional Container performance Wall thickness Surface treatment		If evaluation of K dimension is required please indicate reference height for	nformation or sample amoun Breakage Analysis Breakage occurred at or	Design Please evalua page.	r the analysis requested • Evaluation fill out the design tion form on the next
J		•	ng format, specific	cations, ex	pedited service, etc.):			

THIS FORM MUST ACCOMPANY ALL SAMPLES

Consulting, Training, and Analytical Services For Glass Packaging