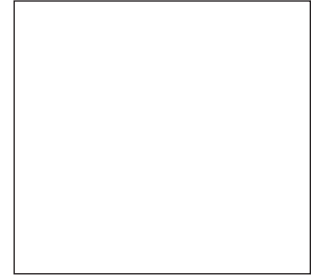
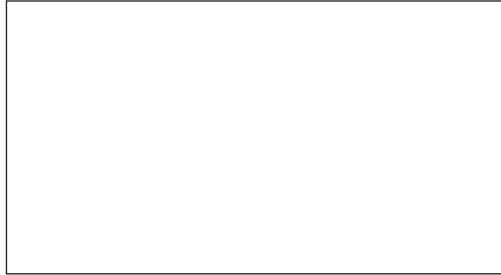
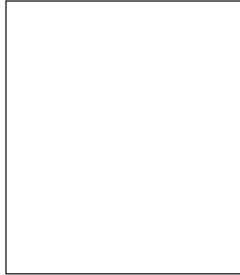


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Request Form for Industrial Application Testing

Complete the following and email to service@uscentrifuge.com

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

US Centrifuge Systems Contact Name: _____

Name or Description of Product Sample: _____

Current Process Application: _____

Desired Test Result: _____

Project is approved for purchase with successful test. Yes _____ No _____

All oils and hazardous samples must be returned at customer's expense. Please provide all return shipment information with product sample.

Signature: _____ Date: _____

Please include a copy of this document with the product sample. Failure to include this information with your product sample may cause testing delays.

Sample ship to address: 113 Fairgrounds Dr Manlius, NY 13104