

Confidential Testing Information

For testing, please fill this form out and send your material along with the material's
MSDS Safety Data Sheet to:

Pulva Corporation, 105 Industrial Drive West, Valencia, PA 16059

Material Safety Data Sheet (MSDS) Required

Note: 1. A Minimum of 1 cubic foot of material is required for testing (2-5 Gallon Pails)

Date: _____

Amount of Material Shipped Prepaid: _____ lbs. Shipping Method: _____

Origination Point: _____ Value: \$ _____

Is a small control sample showing type of product desired included? _____
Please read information on info sheet

1. Name of Material: _____

2. Size of Feed: _____

3. Fineness of Finished Product Desired: Ideal: _____
Acceptable: _____

4. Capacity in Pounds or Gallons per hour: _____

5. Abrasiveness: _____ Heat Sensitivity: _____

6. Moisture or Oil Content: _____

7. Blending or Dispersing: _____

8. Additional Information: _____

9. IS MATERIAL EXPLOSIVE, POISONOUS, NOXIOUS OR: _____

10. Machine Power Requirements: volts, phase, cycles: _____

Contact Info:

Company _____

Address _____

City _____

State _____ Zip _____

Authorized Contact _____

Print Name _____

Title _____

Phone Number _____

Fax Number _____

Email Address _____

Shipping Info: (leave blank if same as contact)

Company _____

Address _____

City _____

State _____ Zip _____

Authorized Contact _____

Print Name _____

Title _____

Phone Number _____

Fax Number _____

Email Address _____

PULVA CORPORATION

105 Industrial Drive West
Valencia, PA 16059
Phone: 724-898-3000
Fax: 724-898-3192
1-800-878-5828

Material Return Authorization Form

*****CUSTOMER RESPONSIBLE FOR ALL SHIPPING COST*****

Due to current regulations concerning the disposal of materials, Pulva Corporation requires that all materials shipped to us for testing purposes MUST be returned to the customer upon completion of the test. All return arrangements must be made prior to the start of any testing.

Please complete the following form and return it to Pulva Corporation, along with the other documentation required for testing.

Customer: _____

Billing Address: _____

Contact: _____

Phone Number: _____

Material Name: _____

Testing P.O. Number: _____

Ship to Address: _____

Preferred Shipping: Common Carrier Freight Collect Prepay & invoice

UPS Acct. # _____

FEDX Acct. # _____ Other _____

Your Name: _____

Date: _____

Signature: _____