Please send this fax to 847-376-3530.

SAMPLE SUBMISSION FORM

PLEASE INCLUDE THIS FORM WITH YOUR SAMPLE SHIPMENT AND MSDS INFORMATION
(Please print clearly)

1. COMPANY:

   Company name

2. CONTACT:

   One person authorized to answer technical questions and receive the final report

3. ADDRESS:

   Company mailing address. This is where the final report will be sent. If applicable, please indicate billing address in the comments section below.

   City, State   Zip   Country

4. PHONE:   FAX:   E-MAIL:

5. SAMPLE INFORMATION

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Sample Type</th>
<th>Dispersion Type (Liquid or Dry)</th>
<th># of Samples (please limit to 5 samples)</th>
<th>Expected Results</th>
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</table>

SAMPLE ID:  LOT#:

(NOTE: Sample ID may be typed into the report. Please verify all entries.)

***** All unused samples will be returned to customer and shipping charges will be billed collect *****

Customer Shipping Method: ___________________ Account Number to bill collect ___________________

DATE RESULTS ARE REQUIRED:

☐ PERFORM PARTIAL TESTING  ☐ INCLUDE GRAPHICS & DATA  ☐ E-MAIL PRELIMINARY RESULTS

6. ADDITIONAL SAMPLE INFORMATION

   Specific Material Information
   ☐ Store samples at room temperature
   ☐ Refrigerate samples upon arrival
   ☐ Store samples separately from other chemicals
   ☐ Other: please specify in the comments section below

   Specific method required (attach)
   ☐ Yes  ☐ No

   MSDS is attached

   Air sensitive
   ☐ Ultrasound sensitive
   ☐ Has product been mixed / riffled?
   ☐ Yes  ☐ No

   Storage conditions
   ☐ Yes  ☐ No

   Special Instructions

   COMMENTS: Any additional information including: customized measurement data, safety precautions, water solubility, special handling & storage, and estimated sample value (if greater than $1000)

Use additional pages as necessary and attach to this form

7. AUTHORIZATION SIGNATURE:  DATE:

SHIP SAMPLES TO:
AAAmachine, Inc.
1291 Rand Road, Des Plaines, IL 60016
Telephone: 800-996-0070

SOP009_b (NOV 2009)