



www.tensile.com

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sales@tensile.com

Return Sample Request

Date:

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

FAX:

E-MAIL:

CONTACT:

Thank you for choosing Tensile Testing Metallurgical Laboratory for your testing needs. Please fill out the following information

Date Needed: _____ TTML Job No.: _____ Customer PO#: _____

Return the Following: Test Samples
 Remnant Material
 Other _____

Special Instructions:
 (ie: different Address, Attention, etc.)

Shipping Method: UPS Ground
 Federal Express Next Day
 Customer Pick Up
 Tensile Testing Delivery
 Other _____

Account No. (UPS/FedX): _____

If an account number is not provided, TTML will include the cost of returning your material on the invoice.

_____ Please follow these instruction on all my testing submissions.

Please return this form via fax or email. Any questions contact the Administration Office at (216) 641-3290, Fax: (216) 641-1223 or email: pickup@tensile.com.