

Test Product : Identification Form

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Please check this box to acknowledge that all test results and videos are the property of Schmalz, Inc.

Note : All products will be returned or disposed of within 60 days

***Product Name:**

***Automated Handling** **OR** ***Manual Handling**

PROJECT REFERENCE:

***Main Project Contact Information:**

Name:

Company:

Street:

City:

State:

Zip:

Phone:

Fax:

Email:

***Description/Sketch of Desired Lifting Process:**

***Product Disposition:** Discard Return to below Hold 120 days: discard / return

Note: By checking the return option you accept return charges being billed to your collect/freight account.

***Actions Required:** Vacuum testing Video Quote Other (explain):

***Date:**

Schmalz Representative:

Dealer/Distributor:

Return Address (If different from above): Collect #:

Attention:

Company:

Street:

City:

State:

Zip:

Phone:

Ship via:

*Field required to be completed before testing will be executed.

Official Schmalz Use:

Arrival Date:

ID #:

Collect #:

Product Tested:

YES

NO

Test completed by: _____

Schmalz Contact: _____