

PRODUCT TESTING APPROVAL

Please fill out the form in Adobe Reader or Acrobat and digitally sign the form. Save and Email it to us at: sales@mfpseals.com
If you do not have the ability to digitally sign the form please print it out, sign it, then fax it to: **Attn: Sales** at (248) 585-4398.

Company Name: _____

Company Address: _____

Branch Location or #: _____

Customer Contact Name: _____

Contact's Position:

Engineering Purchasing Inside Sales Outside Sales Other _____

Phone / Ext: _____ Fax: _____

E-mail address _____

ADDITIONAL CONTACT NAME (IF AVAILABLE)

Name: _____ Phone / Ext: _____

E-mail address: _____

Additional Contact's Position:

Engineering Purchasing Inside Sales Outside Sales Other _____

Purchase Order No.: _____

Sales Order No.: _____

Drawing Number: _____ **Customer Part Number:** _____

Batch and Cure Date: _____

Approve or Reject Product Testing

Approved Rejected Date: _____

Customer Name (Please Print or Type)

Customer Signature

Customer Notes:

