

## 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@mfseals.com](mailto:sales@mfseals.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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_