



## Sample Order Form

General Information: (Please Print or Type)

**Company:** \_\_\_\_\_

Address

**Bill To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ship To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return Ship Via:** \_\_\_\_\_

UPS or FedEx or DHL Acct # or Prepay

(Shipping account information must be included for order to be processed)

**Order Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**eMail:** \_\_\_\_\_

**Method of Payment:**

Bill Me: PO: # \_\_\_\_\_

Check Enclosed: \_\_\_\_\_

COD: \_\_\_\_\_

Credit Card: \_\_\_\_\_ (We will contact you for Info)

No Charge per: \_\_\_\_\_

### Sample Information:

Sample Type:

Part Configuration:

How is the part used:

Surface Properties desired:

Are there any lifetime treatment criteria:

Any Special handling requirements:

How will you evaluate the modified surface:

What is the next step for the processed sample:

What other type of surface modifications (if any) have been tried:

Briefly describe the manufacturing process of this product:

Please add any additional information that would help us to be successful:

- Demo Information:
  - Total Number of Samples: \_\_\_\_\_
  - Number of Samples per Process: \_\_\_\_\_

**IST Applications Lab Report:**

Date Processed: \_\_\_\_\_

Recipe Locator File: \_\_\_\_\_

Findings

- Thickness:
- Contact Angle:

Send Samples to:  
Integrated Surface Technologies  
Applications Lab  
1455 Adams Drive, Suite #1125  
Menlo Park, CA 94025  
650-324-1824