

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

**Lab Customer Information**

Billing Address:

Shipping Address:

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

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

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Which manufacturer do you prefer for:

Gloves	White Rubber	Salisbury	No Preference
Blanket	White Rubber	Salisbury	No Preference
Sleeves	White Rubber	Salisbury	No Preference

Is minor ozone checking in gauntlet area of glove acceptable?	Yes	No	
Would you like your rejected material replaced?	Yes	No	
If Yes, how should we replace your gloves?	New Pair	New Glove	Call First
If Yes, how should we replace your sleeves?	New Pair	New Sleeve	Call First
Should we replace your blankets and linehose?	Yes	No	Call First
Would you like your rejected material returned to you?	Yes	No	
Do you own proper shipping containers?	Yes	No	
If No, are you interested in reusable shipping containers?	Yes	No	
Do you want your gloves powered?	Yes	No	
What length of cycle are you using?	30 Day	60 Day	90 Day
What turn around time do you require?	Other _____		
What leather protector do you use?	White	Kunz	Other _____
What type of bag do you use?	Glove	Glove & Sleeve	Sleeve
Are you interested in a full-length sleeve bag?	Yes	No	

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_