



SAMPLE PROCESS REQUEST FORM

Company:						Date:	
Contact:						Dealer:	
Address:							
City, ST:							
Tel:		Ext:		Fax:		Email:	
Part Desc.:							
Material:						No. of Parts:	
Est. Production Requirements:		Pieces per shift:			Pieces per week:		
Operation prior to finishing:							
Operation after finishing:							
Sample Part Included:		_____ Yes _____ No					
Return Completed Samples Via:				Account #:			
Objective:							

Below for Bel Air Use Only

LABORATORY PROCESS PROCEDURE

Quantity in Run:		Operation prior to finishing:	
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	Machine	Media Grade	Size / Shape	Comp	TIME			SPD	DPTH	Comments
					CW	CCW	TOTAL			
Step 1										
Step 2										
Step 3										
Step 4										

Operation after finishing:			
Capacity (EST):	Pc's per	Machine Size	
Run by:		Date Completed:	

Notes:
