



John C. Dolph Company
 320 New Rd.
 P.O. Box 267
 Monmouth Junction, N.J. 08852
 (Phone) 732 329 2333 (Fax) 732 329 1143

Request for laboratory work

PLEASE RETURN THIS FORM COMPLETED IN ITS
 ENTIRETY WITH YOUR NEXT SAMPLE REQUEST

Date : _____

Customer Information	Distributor information
Company:	Company:
Name:	Name:
Address:	Address:
City, State:	City, State:
Phone#:	Phone#:
Fax#:	Fax#:
E-Mail:	E-Mail:

Product For Evaluation _____

Volume of Product in Your Tank: _____

Evaluation Of Sample (A Full Quart Sample Is Required For All Testing)

Routine Check (includes: Weight/Gallon, Viscosity & Gel Time)

Compatability With:

 Signature

Additional Comments _____
