AN ISO/IEC 17025:2005 ACCREDITED LABORATORY

**Anti-Tarnish Test Request Form**

Contact Customer Service with questions or concerns

Jeannie: jroy@mutualcornell.com | Chris: colton@mutualcornell.com

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| **\*** Contact Person: | **\*** Email Address: |
| **\*** Company Name: | **\*** Date: |
| **\*** Mailing Address: | |
| **\*** Billing Address (If different from mailing): | |
| **\*** Check Box To Indicate Test Method:  Vapor Method  Immersion Method | |
| **\*** Item #: | |
| **\*** Item #: | |
| **\*** Item #: | |
| **\*** Item #: | |
| **\*** Item #: | |
| Special Instructions: | |
| Additional information, requests, photos, etc.: | |

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| Prepared by: E. Donahue, Special Projects Manager Approved by: K. Donahue, Technical Director  Approved by: R. DiDonato, Quality Manager  F-149 Revision: 03 Date: 01/16/14 |

**\* Indicates Required Field**

