# Active Cutting Fluids Sample Submission Form

**DATE OF SAMPLE SUBMISSION:** enter date of sample submission

**COMPANY NAME:** enter your company name

**COMPANY ADDRESS:** enter your company address

**CONTACT NAME:** enter the name of the person we should contact

**CONTACT PHONE:** enter the contact's primary phone number

**CONTACT EMAIL:** enter the contact's email address

**PRODUCT BRAND:** enter the name of the company who made this submitted fluid sample

**MANUFACTURER PART NUMBER:** enter the manufacturer's product name and sku

**PRODUCT TYPE:** enter product type of submitted sample

**SAMPLE SUBMITTED:** ☐ Concentrate ☐ Diluted **CONCENTRATION:** enter concentration

**OPERATION:** ☐ Drawing ☐Stamping ☐ Machining ☐ Grinding
☐ Mass Finishing ☐ Cleaning ☐ Rust Prevention
☐ Other: Enter Operation Type

**DESCRIPTION OF OPERATION:** enter description of operation

**LABORATORY INSTRUCTIONS:** tell us what problems you are having with your fluid, also what you would like to know about it