



HERBOLD MECKESHEIM-USA
Materials Test/Evaluation Form

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Telephone _____ Email _____

Test Authorization Number _____

Type of Material Sent _____

Quantity of Material Sent _____

Test Required:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Shredding | <input type="checkbox"/> Granulating |
| <input type="checkbox"/> Densifying | <input type="checkbox"/> Pulverizing |
| <input type="checkbox"/> Washing/Drying | <input type="checkbox"/> Other _____ |

Application Description: _____

I would like to witness test

I do not need to witness test

Material Shipping Address:

Herbold Meckesheim GmbH
Attention: Siegfried Engel
Industriestrasse 33
D-74909 Meckesheim
Germany