



AGM Con-Test

Laboratory for Metal Testing & Consulting

CUSTOMER:

Street: _____ City: _____ Province: _____ Postal Code: _____
 Phone #: _____ Fax #: _____ e-mail: _____

Contact Person: _____ Purchase Order # - _____ Date: _____
(mm/dd/yyyy)

Sample(s) and Description (Identification Numbers)					Required Tests [Circle or Enter the Letter(s)]							
#	Part Name	Heat #	Tag #	Other	Service Option	T	H	MH	C	I	S	Other
1						T	H	MH	C	I	S	
2						T	H	MH	C	I	S	
3						T	H	MH	C	I	S	
4						T	H	MH	C	I	S	
5						T	H	MH	C	I	S	
6						T	H	MH	C	I	S	

Notes:

Test Codes: **T**- Tensile Test; **TC**- Tensile Test Comprehensive (r,n-values); **CM**- Compression Test; **H**- Hardness Test (HR); **MH**- Micro-hardness Test (*Vickers- method*); **C**- Chemical Analysis; **S**- Structure; **I**- Charpy Impact Test; **CG**- Circle Grid Analysis; **G**- Gridding; **K**- Consulting;

Service Options: **3** – Regular (No surcharge; Standard delivery for simple tests and small amounts: within 3 days)
 (Enter the option if not “regular” one) **0** – “Rush” (150% Surcharge); **1** – “Same Day” (100% Surcharge); **2** – “Next Day” (50% + Surcharge)

Report to be delivered by: _____ Returning the samples: NO YES
 (Circle the option- Mail Fax Electronic) (Circle the option)
 - Regular Mail will be used if default)

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