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CUSTOMER REQUEST FORM

Date of Request	22/09/2026	**Request ID**	ENQ0019
Company Name	test test		
Address	test test 11111 ,test		
Contact No.	1234567890	**Fax No.**	test
Email	test@gmail.com	**Contact Person**	test test
Designation & Department	test	**GSTN NO.**	NA

Scope Of Contract

#	Sample Name	Test Parameter	Test Method	Type Of Samples	No. Of Samples (If Resin then No. Of Pouches/Wt Of Sample, If Preform and/or Bottles then specify Nos.)	Remarks (Or any other relevant information regarding the test/contract)
1	test	test	test	test	3	test
Conformity Statement Required (Please tick anyone): YES ☐ NO ☐						

NOTE:
Test samples (resin/preforms/bottles) should be packed in proper sealed plastic pouch which should be moisture free and should kept in proper box to courier. For Moisture content Test resin/granuals samples should be packed in Vaccum sealed Glass Jar, For Colour-Haxe Test Samples(like preforms/bottles) should be free from damage, dent, fingerprint, scraches on it. The Prior intimation should be given for sending the samples back & for saperate test report for all samples. All the testing will be done as per global standard

Customer Name: test test **Customer Signature:**

NOTE : PLEASE USE ADDITIONAL NUMBERS / SHEETS IF REQUIRED.

For Laboratory Use

Received By:

Sign & Date: