



Wallover Oil Company Inc.
21845 Drake Rd.
Strongsville OH 44149

Phone (440) 238-9250
Lab Fax (440) 876-6052

Laboratory Work Request Form

Lab Report # _____
Lab use only

Customer Information

Wallover Salesrep: _____		Date: _____
Company: _____	Location: _____	
Company Contact: _____		
E-Mail: _____	Fax: _____	Phone: _____
Distributor: _____	Distributor Contact: _____	
E-Mail _____	Fax: _____	Phone: _____

Type of Sample:

- Z-mill Oil Hydraulic Oil Soluble/Synthetic Cutting/Grinding Quench Oil Other _____

Please provide product name

Machine ID

Date of sample

Reason for sampling (i.e. standard ck., problem, etc.)

Competitor's product: Manufacturer _____

Full product name: _____

- Analysis only or Product recommendation

Is your customer concerned with?

- Performance or Price

Do you wish to offer your customer?

- A product upgrade or Similar product

Type (s) of machining applications: _____

Type (s) of metals being machined: _____

What are current complaints with the competitive product?

Attach Product Brief if you want a New Product Developed