



Les Industries Spectralux Inc. Spectralux Industries Inc.

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REFLECTANCE TEST REQUEST

FORM - Q 020


Date

Choose or type the information in each field * **Required Fields**

CUSTOMER INFORMATION

*Company	<input type="text"/>	P.O. Number	<input type="text"/>
*Address	<input type="text"/>	*Phone	<input type="text"/>
*City	<input type="text"/>	Fax	<input type="text"/>
*State/Province	<input type="text"/>	Postal Code	<input type="text"/>
*Country	<input type="text"/>	E-mail	<input type="text"/>
		*Contact	<input type="text"/>

SAMPLE DESCRIPTION

* Material	<input type="text"/>	Click to insert a picture of the sample to test 
* Thickness (inch)	<input type="text"/>	
Nominal Reflectance	<input type="text"/>	
Special Instruction	<input type="text"/>	

NOTES

- Supply five 2" X 2" samples for each material to test
- Indicate direction of grain by an arrow on the back of the five samples

APPROVAL

Due date

Authorized By _____