

Date: \_\_\_\_\_

ATS Sales Rep: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

1. What is the expected load range? MIN: \_\_\_\_\_ MAX: \_\_\_\_\_

2. Do you want a computer controlled frame? \_\_\_\_\_

3. What types of tests are you performing?

\_\_\_\_\_

4. What is the sample material? \_\_\_\_\_

5. What are the sample dimensions? \_\_\_\_\_

6. Are you testing to any particular ASTM specifications? \_\_\_\_\_

7. What is the test temperature? \_\_\_\_\_

8. Do you need any additional accessories (furnace/oven, grips, fixtures, extensometers, etc.)?

\_\_\_\_\_

9. What are your power requirements? \_\_\_\_\_

10. Additional Notes/Information:

\_\_\_\_\_