



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 \_\_\_\_\_

<u>Please provide product name</u>	<u>Machine ID</u>	<u>Date of sample</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**