



Dye Selection/Oil Sample Analysis Form

Company Information:

Contact Name _____

Contact Title _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

E-mail _____

Oil Part #: _____

Brand Name _____

MSDS (***Please attach***)

Product Specification Sheet (***Please attach***)

System the Oil is Used in _____

Capacity _____

Annual Usage _____

Sample Oil (***For best results, please use new oil.***)

General Comments: _____

NOTE:

May take 1-2 weeks for results after the oil sample is received.

Please read the enclosed packing instructions.



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