

Everlube[®] Products

Company Property

R&D WORK REQUEST

Customer Name: _____ e-mail address: _____
Customer Address: _____ Phone #: _____
City, State: _____ Fax: _____
Zip: _____ Charge: _____
Contact: _____ Requested by: _____
PO #: _____ Date Submitted: _____
OEM Industry: _____ Return to: _____
P/N: _____ Load/Speed: _____
Qty (U/M): _____ Part Name: _____
Base Mat'l: _____ Annualized Volume: _____
Cure Restriction: _____ Est. Selling Price: _____
Operating Temp: _____ Competitors Finish/Process: _____
Motion: _____ Customer Spec. #: _____
Corrosion Req'm't: _____ Testing Criteria: _____
Coating Process Thickness _____ Liquid Compatibility: _____
Requirement/Range: _____ Drawing # _____ Revision # _____

Project Description:	
Key Characteristics:	
Description of end use:	

APPROVAL: Division Manager: _____
Lab Manager _____ R&D Project #: _____
Principal Researcher: _____ Date Completed: _____