

CUSTOMER CHECKLIST

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|--------------|--|------------------|--|
| Distributor: | | Distributor Rep: | |
|--------------|--|------------------|--|

CUSTOMER DETAILS:

| | | | |
|---|--|--|--|
| Contact Name: | | Regional Manager: | |
| Company Name: | | Date: | |
| Address | | e-mail Address: | |
| City, ST Zip | | Fax: | |
| Tel: | | Approval Initials & Date | |
| INDUSTRY: | <input type="checkbox"/> Aerospace/Aviation <input type="checkbox"/> Automotive <input type="checkbox"/> Computer <input type="checkbox"/> Electronics <input type="checkbox"/> Food | <input type="checkbox"/> Laboratory <input type="checkbox"/> Marine <input type="checkbox"/> Medical <input type="checkbox"/> Military/Defense <input type="checkbox"/> Mining | <input type="checkbox"/> Nuclear <input type="checkbox"/> OEM <input type="checkbox"/> Sports/Recreation <input type="checkbox"/> Textile <input type="checkbox"/> _____ |
| Sample/Trial Product Requested: | | | Qty: |
| Support Product Recommendation and Reason: | | | Qty: |
| Current product in use: | | | Amount of product used in a year: |
| Material: | | | Application: |
| Brand and model of machines in use: | | | |
| Total volume capacity of all the machines: | | | |
| Is there an existing reclamation and maintenance procedure? | | | |

HEALTH, SAFETY AND ENVIRONMENTAL:

| Customer Objectives: Current Problems/Issues | | | |
|--|--|--|--|
| Dermatitis | | Waste treatment problems | |
| Eye, nose or throat irritation | | Chlorine concerns / EP | |
| Toxicity (LD ₅₀ , Health Rating, Carcinogenic, PCA & DEA content, etc.) | | Chemical composition, specific ingredients desired and not desired | |

PRODUCT (PERFORMANCE AND CHARACTERISTICS):

| Customer Objectives: Current Problems/Issues | | | |
|--|--|---|--|
| Additives required | | Rancidity, Bacteria, Fungus / Odor | |
| Consumption | | Residue (Color/Appearance) | |
| Customer approval and requirements | | Fire Hazard | |
| Filtration current and desired | | Rust, corrosion, staining during/after machining operation | |
| Fluid Life | | Substance | |
| Foam | | Surface quality and roughness average (RA) value desired | |
| Mist / Smoke | | Tool life specific areas such as reaming, deep hole drilling... | |
| Paint and seal compatibility of the machine | | Transparency | |
| Part cleaning, painting and plating problems | | Viscosity | |
| Product Quality and Consistency | | | |
| Other: | | | |