

RESIN SAMPLE FOR ANALYSIS

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 Email • jim@loprest.com

Date: _____

	Customer		End User
Company	_____	_____	_____
Contact	_____	_____	_____
Address	_____	_____	_____
City	_____	_____	_____
State/Zip	_____	_____	_____
Phone	_____	_____	_____
Fax	_____	_____	_____
Email	_____	_____	_____
	Industry:	_____	_____

Please complete as much information as possible:

	1	2	3	4
Sample I.D.				
Resin type (Cation, Anion, Mixed Bed)				
Resin brand				
Model No.				
Application				
Age				
Regenerated or exhausted				
Photo desired?				

Reason for analysis/problem:

Please e-mail results to: _____ **e-mail address:** _____

Submitted by: _____

Resin testing is usually completed within 7 business days. Please indicate if results are needed before then.

All results will be sent via e-mail unless specified otherwise.

Complete this form and ship an ample amount of sample (**16 oz/500 mls**) to:

LOPREST WATER TREATMENT COMPANY
 RESIN ANALYSIS LAB
 2825 FRANKLIN CANYON RD. • RODEO, CA. • 94572