



SAMPLE REQUEST FORM

****This form must be fully completed in order for AKH personnel to insure that the sample is properly joined with equipment and tooling appropriate to the job. Please allow a minimum of one to two weeks in-house for us to complete and return the sample.**

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State/Zip: _____

Phone: (____) _____ Fax: (____) _____

Description of Application: _____

Prints/Sketches Enclosed: Yes No

Number of sample assemblies: Sent: To be Returned:

*****INDICATE CLEARLY WHERE FAS-NERS ARE TO BE INSERTED*****

Shipping Instructions:

Please include your UPS or FedEx account number for return of sample parts.

IMPORTANT: PLEASE INCLUDE TWO (2) PARTS FOR AKH TO PROPERLY CONFIRM PRESSURES AND TOOLING (SET UP).