



**SAMPLE RETURN FORM**

This form must be completed and returned before testing can begin.

- 1) Email the completed form to your Jenike & Johanson main contact
- 2) Attach a copy of this form to the outside of the shipping container

Sample identification:

General sample description	Unique identifier (if any) for this sample	Approx. quantity

When testing is completed by Jenike & Johanson, return the sample(s) to:

Company Name: \_\_\_\_\_

Shipping Address (not a P.O. box): \_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ (Please provide a US destination if possible)

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Carrier: \_\_\_\_\_

Account No.: \_\_\_\_\_

Special instructions, if any, to best get this shipment back to your facility: