



5687-A S.E. International Way
Portland, OR 97222

Phone: 503.653-2904
Fax: 503.653.9591
imr@imrportland.com
www.imrportland.com

Thank you for the opportunity to introduce you to our company, **IMR Test Labs**. With over 120 engineers, metallurgists, chemists, polymer scientists and support staff in three locations, IMR Test Labs is one of the most complete, full service material and product testing laboratories in the country.

Our state-of-the-art facilities are accredited by **Nadcap** (NY & OR), **A2LA** (NY, KY & OR), and approved by **GE Aircraft Engine (S-400)** (NY & OR). All three locations have **ISO 17025** accreditation, carry a wide array of approvals from major aerospace, automotive and medical device manufacturers, and have passed **NQA-1** audits from numerous companies. Please contact us for specific accreditations and approvals.

I welcome the opportunity to discuss our services with you in more detail. Please feel free to contact me if you have any questions or if you would like a quotation for your particular testing requirements. We look forward to working with you soon.

Sincerely,

Doug Puerta
Laboratory Director - Portland

Ithaca ♦ Louisville ♦ Portland ♦ Singapore
www.imrtest.com



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New Customers - It is necessary to fill out this form and fax back to 503-653-2904 or email to login@imrportland.com in order to establish an account.

<i>Account Information</i>		
Name	Email	
Company Name	Phone	Fax

Doing Business As		Date Completed
Mailing Address		Tax ID #
Shipping Address		DUNS #
Billing Address (if different)		A/P Phone Number () -
Accounting Contact	Email Address for contact	A/P Fax Number () -
Receive Invoices By <input type="checkbox"/> Email: Address _____ <input type="checkbox"/> Mail <input type="checkbox"/> Fax: Fax # _____ If different than above	Company Website Year Established _____	Please Attach the Following: - Bank Reference (at least 1) - Trade References (3-4 names)
IMR terms are Net 30 Days (PO required). The following credit cards are also accepted. <input type="checkbox"/> Visa <input type="checkbox"/> Mastercharge <input type="checkbox"/> American Express		
Card # _____		CVV2 Code: _____ (Usually 3 digit security code on back of card)
Name on Card _____		Exp Date: _____ (Please call if you have questions)

<i>Quality Information</i>	
IMR sends reports via email when possible. Would you prefer: HARD COPY WILL NOT BE MAILED UNLESS SPECIFIED BELOW. <input type="checkbox"/> Email to address above, or email to _____ <input type="checkbox"/> Fax to number above, or fax to _____ <input type="checkbox"/> Mail	
Confirmation of receipt of samples for testing are typically sent via email. <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Do not send	
IMR retains samples for 6 months and then discards them thereafter, unless a customer requires otherwise. Do you want your samples: <input type="checkbox"/> Discarded after 6 months? <input type="checkbox"/> Returned to you upon completion of testing?	
If samples are returned to you after testing, do you want us to use your shipping number? Shipping Service: _____ Account Number: _____	
Otherwise the samples will be returned to you and the charges will be added to your invoice (\$10 min. charge).	
IMR retains job records for 5 years, unless a customer requests longer. Please indicate if your quality system requires a different interval: <input type="checkbox"/> 5 years is fine <input type="checkbox"/> We require records kept for _____ years	Is work you will submit to IMR regulated by ITAR/NoForn Regulations? Yes ___ No ___
Name of Quality Contact: _____	
IMR has various accreditations. Does your company require any special accreditations?	
If you plan on adding us as a vendor, our DUNS number is 96-899-5659, and our Tax ID number is 13-0612970.	

LABORATORY TEST REQUEST

SHIP TO: ATTN: IMR KHA – PORTLAND 5687-A S.E. INTERNATIONAL WAY PORTLAND, OR 97222 www.imrportland.com PHONE: 503-653-2904	SHIPPED FROM: PHONE: FAX: EMAIL: FAX: 503-653-9591
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RUSH, PREMIUM APPROVED?: YES / NO QUOTE BEFORE PROCEEDING?: YES / NO

<i>Date due:</i> _____	<i>P.O.#:</i> _____
Quantity Sent: _____	Specification: _____
Quantity to Test: _____	Heat/Lot #: _____
Material: _____	Description: _____
P/N: _____	Other: _____

BE SURE TO INCLUDE A MSDS WITH YOUR ORDER FOR LIQUID, POWDER, OR ANY POTENTIALLY HAZARDOUS MATERIAL SUBMITTED!

TESTING REQUIRED:

- | | | |
|--|---|---|
| <input type="checkbox"/> Weld Qualification | <input type="checkbox"/> Chemistry (mat'l: _____) | <input type="checkbox"/> Creep |
| <input type="checkbox"/> Weld Performance | <input type="checkbox"/> Intergranular Attack (IGA) | <input type="checkbox"/> Stress Rupture |
| <input type="checkbox"/> Hardness - scale: _____ | <input type="checkbox"/> Case Depth (total/effective) | <input type="checkbox"/> Rotating Beam Fatigue |
| <input type="checkbox"/> Tensile | <input type="checkbox"/> Grain Size | <input type="checkbox"/> SEM Analysis |
| <input type="checkbox"/> Plating Thickness | <input type="checkbox"/> Microstructure | <input type="checkbox"/> Failure Analysis (We will contact you) |
| <input type="checkbox"/> Charpy Impact Testing | <input type="checkbox"/> Other (describe below) | |

SPECIAL INSTRUCTIONS: (INCLUDING SPECIAL SHIPPING)

REPORT FORMAT: (CHECK ONE) Emailed reports will be sent in PDF format unless otherwise requested.

<input type="checkbox"/> E-Mail Only E-Mail Address: _____	<input type="checkbox"/> E-Mail and Mail Hard Copy E-Mail Address: _____	<input type="checkbox"/> Fax and Mail Hard Copy Fax #: _____
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SAMPLE DISPOSITION: (CHECK ONE)

<input type="checkbox"/> Return Samples Collect UPS / Fedex #	<input type="checkbox"/> Return samples & include cost on final invoice	<input type="checkbox"/> Store and scrap samples after 6 months
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TERMS AND CONDITIONS

1. All procedures will be performed in accordance with the IMR Test Labs' Quality Assurance Manual (current revision) and the PWA-MCL Manual F-23. IMR maintains a quality system in compliance with ISO/IEC 17025.
2. Unless otherwise agreed to, IMR will provide a written Test Report upon completion of testing for the Customers' exclusive use only. The Customer shall be deemed to have accepted the Report without qualification, unless within 30 days from the date of the Report, the Customer notifies IMR in writing of the specific details of any errors, omissions, or defects contained therein. IMR Metallurgical Services will perform all testing in good faith using the proper procedures, trained personnel, and equipment to accomplish the testing required. IMR's liability to the customer or any third party is limited at all times to the amount charged for the services provided.
3. Any copying or distribution of the Report, or any use of IMR's name or trademarks, is not permitted without the prior written consent of IMR. Customers who anticipate using an IMR Report in any legal or quasi-legal proceeding shall so notify IMR at the time the sample is submitted.
4. Return shipping costs are not included. If the Customer desires return shipping of its sample(s), the cost will be billed to the Customer. Unless otherwise requested in writing by the Customer, all samples may be discarded at any time after 180 days from the date of IMR's final report.
5. The Customer may terminate any order or agreement for testing services. In such case, the Customer shall pay a cancellation fee in an amount determined by IMR in its sole discretion. The cancellation fee shall represent IMR's direct and indirect costs incurred up to the date of termination.
6. Payment in full is due within 30 days of the invoice date. If not paid when due, IMR reserves the right to add 1.5% per month of the amount past due, or any part thereof. The Customer will be charged a \$50 fee, in addition to any bank charges, for each check returned unpaid. The Customer agrees to pay all costs of collection whatsoever, including reasonable attorney's fees and court costs.
7. Customer assumes liability as principal for payment of any invoice rendered in connection with the services performed for or on behalf of the Customer.
8. Failure to enforce any term or condition herein shall not constitute a waiver or any term of condition hereof.
9. IMR and the Customer agree that any disputes arising out of this agreement or the services or testing provided by IMR will be governed pursuant to the laws of the State of New York. The parties specifically waive any objection to, and hereby consent to, jurisdiction and venue in the courts of Jefferson County, Kentucky.