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WORK AUTHORIZATION

Date:

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

FAX:

E-MAIL:

CONTACT:

P.O./CREDIT AUTH #

MATERIAL DESCRIPTION:

SPECIFICATION (S):

REQUIRED TESTING

Notes

Notes

TENSILES _____

SAMPLE PREPARATION (Send Print) _____

FULL CHEMISTRY _____

HARDNESS _____

CHARPY Ref: _____

HEAT TREAT _____

FULL SIZE _____

BEND TEST _____

METALLURGICAL _____

SALT SPRAY _____

OTHER:

Results Needed By: _____ Fax Phone Email Certificate of Test

Quality System: A2LA NADCAP Boeing Nuclear Other _____

Return Sample: Yes No UPS/FedEx Acct#: _____