

Vendor/Supplier Info

Company name: _____
 Site address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Title: _____
 Phone: _____ Email: _____
 Preferred pick-up hours: _____
 Accounts Payable contact name/email: _____
 Signature of person completing form: _____

Material Description & General Properties

Name of Material: _____
The material's name should be what the material is identified as by your facility personnel. Please submit a one pound or two cup REPRESENTATIVE sample. The sample should be clearly marked and match the material name as stated above on this form. Information provided on this form should pertain to the material in general and not be specific to the sample being sent. When submitting samples of plastic, please be sure to indicate the type. Please contact an Ardleigh Minerals, Inc. representative if you have any questions.

Process Generating Material: _____

DOT Requirements (if applicable): _____

Material Packaging: _____ (55-gal steel drums, 30-gal fiber drums, gaylords, super sacks, etc.)

Amount of Material on Hand: _____ (estimated or actual) Current Number of Filled Containers: _____

Amount Generated Each Month: _____ (estimated or actual; if this is one-time only, indicate so here)

Sample Provided for Testing:

Yes: No:

If YES: Please include a physical copy of this form and the coordinating SDS with the sample for ease of identification. Please email both documents to Julian Sellers (jsellers@ardleigh.net) and include your Ardleigh Minerals, Inc. representative. If any additional information is needed, an Ardleigh representative will contact you.

Material Composition (What the material is made up of; estimated or actual %):	Minimum	Maximum
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %

FOR OFFICE USE ONLY

Code Number: _____ Date Received: _____ Sales Rep: _____