



## CLIP TESTING REQUEST

Requesting Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

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

### TESTING MATERIALS REQUIREMENTS:

AMSI Clip Part Number: \_\_\_\_\_

Decking/Substrate: \_\_\_\_\_

Please be specific. We need to know the thickness as well as material. Depending on the product, the customer may need to supply samples for testing.

Type of Screw: \_\_\_\_\_ AMSI Product? Y or N\*

\*If no, customer must supply sufficient screw to perform all testing. We test five clips per report unless otherwise required.

Qty Screws Per Clip \_\_\_\_\_

**Please fax this form 770.920.6838**

We will contact you within 2 business days.

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