



Please check one:	
Quotation _____	Order _____

Custom Quotation/Order for Bulk Sorbent

Please complete each numbered section on both pages of this specification form and return to your SKC representative:

SKC Inc.
Tel: 800-752-8472
Fax: 800-752-8476

SKC Gulf Coast
Tel: 800-225-1309
Fax: 800-752-4853

SKC South
Tel: 800-752-7684
Fax: 800-752-7329

SKC West
Tel: 800-752-9378
Fax: 800-752-1127

1. Sorbent type: _____

2. Mesh size: _____

3. Weight: _____

4. Sorbent preparation or treatment: _____

Note: Any sorbent supplied by customer must be accompanied by a MSDS sheet.

5. Purchasing Terms and Authorization

Terms: Purchase orders for custom sorbent must be accompanied by this form. Purchase orders may not be changed or cancelled after they are received by SKC Inc. Custom sorbent is not returnable.

SKC reserves the right to cancel this order if it is determined that SKC cannot produce quality sorbent according to the specifications provided.

SKC Inc. hereby disclaims all warranties either expressed or implied, including any implied warranties of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this product. No description of the goods being sold has been made a part of the basis of the bargain or has created or amounted to an express warranty that the goods will conform to any such description. Buyer shall not be entitled to recover from SKC Inc. any consequential damages, damages to property, damages for loss of use, loss of time, loss of profits, loss of income, or other incidental damages. Nor shall buyer be entitled to recover from SKC Inc. any consequential damages resulting from defect of the instrument including, but not limited to, any recovery under section 402A of the Restatement, Second of Torts.

Authorization: The signature of the undersigned confirms that the specifications supplied on form # 95631, Revision 0902 are correct and agrees to the custom order terms.

Name (please print or type) _____

Signature _____ Date _____

Company Name _____

Contact Telephone Number _____ Fax: _____