Inquiry No
Date:

## **Product Assessment Form**

Customer:	Date:
Customer Address:	
Contact Phone Number:	Fax:
Product:	
Invoice #:	Quantity:
Lot / Batch Code:	
Printer Make & Model:	
Intended Use of Product:	
Indoor / Outdoor	
Laminate Used: Yes / No	
Type of Laminate:	
Number of Coats:	
Please send this form along with a p	rinted and unprinted sample to:
Parrot Digigraphic, Ltd.	
Inquiry No630 Boston Road	
Billerica, MA 01821	
Date Received:	
Parrot Tech Support Diagnosis:	
Material Defective: Yes / No	
Material Defective: Yes / No Return to Warehouse: Yes / No	