


### TEST REQUEST FORM

Customer Details	Customer's instructions
Company:	Return of leftover material:      YES    NO
Address:	Authorization to cut garments:    YES    NO
VAT Number:	Economical Offer nr.:                YES    NO
Postcode/City:	<input type="checkbox"/> Regular Service (5-7 working days) <input type="checkbox"/> Rush Service (3 working days) <input type="checkbox"/> Regular Service GB CMA (7 working days)
Telephone:	
Referent Name and Contact details:	
Referent Accounts Dept.:	
Contact e-mail for the receipt of the test report:	

Details of the sample to be tested	
Article:	
Colour:	Yarn count/Weight:
Declared fibre content:	
Side to be tested: <input type="checkbox"/> face <input type="checkbox"/> back <i>(to be indicated on the fabric sample)</i>	
End use:	
Declared care instructions	

Test requested (indicate referent packs if present on the economical offer)	Test Method

NOTE:

**If precise test methods are not indicated, the laboratory will carry out the test with the most appropriate methods based on the type and end use of the samples presented.**

Billing Information if different from the presenting company	
Indicate company details/ division	Address:
VAT Number:	Accounts dept. referent:

**Test requested by:** .....

**Date:** ..... **Time:**..... **Signature:** .....