**[ ]  Prepoduction** **[ ]  Production Bulk**

|  |  |  |
| --- | --- | --- |
| **Textile Hardlines Test Requisition Form**  | **Form No.** |       |
| **SERVICE REQUIRED** | [ ]  Regular | [ ]  Express\**(3 day)* | [ ]  Shuttle\**(2 day )* | [ ]  Same Day\**(1 day)* |
| *"Treated as Regular Service if blanked "*  | (3 working days) | (Next working day) | (8 working hours) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| Submitter Name: |  |
| Address  |  |
| Contact Person |       | Mobile |       |
| Telephone |       | Fax |       |
|  |  |  |  |

 | **Official Use Only** |
|  | Rpt. No. |       |
|  | A/C No. |       |
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| --- | --- |
| E-mail: |       |
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 |
| **Invoice to Applicant****[ ]** No | Please charge to Company Name |       | Contact Person |       |
|  | Address |       |
|  | Fax |       | E-mail |       | Tel |       |

**Sample Information** *(Please fill in information and tick appropriate boxes)*

***\*\*\* ALL fields MUST be filled by applicants. N/A should be filled if it is Not Applicable. \*\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample Description |  |  |  |  |
| Reference Numbers |  |  |  |  |
| Number of samples  |  |  |  |  |
| Country Of Origin  |  |  |  |  |
| Color  |  |  |  |  |
| Season |  |  |  |  |
| Department |  |  |  |  |
| Po Number  |  |  |  |  |
| Product End use  |  |  |  |  |
| Mill/ Factory/ Manufacturer |  |  |  |  |
| **Test(s) Required:** * Protocol Name and Number ( Mandatory tests only)
* Optional( Please list):
* Retest( Previous report number):

  |
| **(Unless specified or instructed, all tests will be conducted in accordance with the AATCC or ASTM Methods)**IF REQUIRED, *ISTA-1A TESTS ARE TO BE PERFORMED***ONLY ON INDIVIDUAL PRODUCT CARTONS***, NEVER ON MULTI-PIECE MASTER CARTONS.* |
| **Return Samples:** [ ]  Yes [ ]  No |

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *We request for the above tests and agree that all testing will be carried out subject to INTERTEK TESTING SERVICES’ scale of charges as set forth in their prevalent price list of which we have seen a copy and upon and subject to the terms and conditions set out hereon and overleaf.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date |       | Authorized Signature |       |
| and Company Chop of Invoice Recipient |
|  |  | **(P.T.O. for terms and conditions)** |  |

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