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

|  |  |  |
| --- | --- | --- |
| **Textile Home Textiles 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: |  |
| Address  |  |
| Contact Person |       | Mobile |       |
| Telephone |       | Fax |       |
|  |  |  |  |

 | **Official Use Only** |
|  | Rpt. No. |       |
|  | A/C No. |       |
|

|  |  |
| --- | --- |
| E-mail: |       |
|  |  |

 |
| **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. \*\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Care Instructions**  |  |  |  |  |
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|  |  |
| --- | --- |
| Mill/ Factory/ Manufacturer: |       |
| Brand/ Divisions: |       |
| Sample Description |        |
| Color |       |  Fabric Type |       [ ]  Knit[ ]  Woven |
| Season |       | Fiber Content |       |
| Department |       | Fabric Weight |       |
| Style/Ref No. |       | Style Description |       |
| PO No. |       | Finishing |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Product End Use |  |       |  [ ]  Adult [ ]  Children |

 |

|  |
| --- |
| **No. of Sample(s)**     **Sample Attached** |

(Please mount face side up) |
| **Test(s) Required:** (Please check appropriate boxes)1. Mandatory Home Textile Protocol number ( Please list):
2. Optional( Please list):
3. Retest ( Previous report number):

 **(Unless specified or instructed, all tests will be conducted in accordance with the AATCC or ASTM Methods)** |
| **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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