

Genau. Richtig.

Company name:		
Address:		
Contact person:	Position:	
Phone No.:	Fax:	Email:
Invoice to Address :		

Sample Description:	
Fiber Content:	
Care Instruction:	
Order No. :	End use :
Style No. :	Export Country :
Buyer 's name :	No. of sample :

Tests Required :Please tick appropriate boxes

<p><u>Physical Testing</u></p> <input type="checkbox"/> Tensile Strength <input type="checkbox"/> Tearing Strength <input type="checkbox"/> Seam Strength <input type="checkbox"/> Seam Slippage <input type="checkbox"/> Bursting Strength <input type="checkbox"/> Pilling Resistance <input type="checkbox"/> Abrasion Resistance <input type="checkbox"/> Fabric Weight <input type="checkbox"/> Fabric Width <input type="checkbox"/> Thread per Unit Length <input type="checkbox"/> Yarn Number <input type="checkbox"/> Water Resistance <input type="checkbox"/> Water Repellency <input type="checkbox"/> Flammability	<p><u>Color Fastness Testing</u></p> <input type="checkbox"/> Washing <input type="checkbox"/> Perspiration <input type="checkbox"/> Water <input type="checkbox"/> Dry Cleaning <input type="checkbox"/> Rubbing / Crocking <input type="checkbox"/> Light <input type="checkbox"/> Chlorine bleach <input type="checkbox"/> Sea Water <input type="checkbox"/> Hot Pressing	<p><u>Dimensional Stability Testing</u></p> <input type="checkbox"/> Washing after..... washes <input type="checkbox"/> Dry cleaning after..... Washes <input type="checkbox"/> Appearance after..... Washes
		<p><u>Eco-Textile Testing</u></p> <input type="checkbox"/> Formaldehyde Content <input type="checkbox"/> Organotin (MBT, DBT, DOT,...) <input type="checkbox"/> Nonylphenol (NP) <input type="checkbox"/> Allergenic dyes <input type="checkbox"/> Carcinogenic dyes <input type="checkbox"/> PCP/TeCP/OPP <input type="checkbox"/> Heavy Metal <input type="checkbox"/> Azo dyes <input type="checkbox"/> pH Value <input type="checkbox"/> PAHs <input type="checkbox"/> BHT <input type="checkbox"/> DMF <input type="checkbox"/> Phthalates <input type="checkbox"/> PFOS/PFOA

<p><u>Footwear Testing</u></p> <input type="checkbox"/> Inside Length measurement <input type="checkbox"/> Hardness <input type="checkbox"/> Peeling Strength <input type="checkbox"/> Flexing Resistance <input type="checkbox"/> Slip Resistance <input type="checkbox"/> Waterproof Test <input type="checkbox"/> Water Vapour Permeability	<p><u>Standard Test Method</u></p> <input type="checkbox"/> AATCC/ASTM..... <input type="checkbox"/> ISO..... <input type="checkbox"/> JIS..... <input type="checkbox"/> DIN..... <input type="checkbox"/> AS.....
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Service Required :	<input type="checkbox"/> Regular (4 Working days)	<input type="checkbox"/> Same day (100% surcharge)
	<input type="checkbox"/> Express (40% surcharge, 3 Working days)	<input type="checkbox"/> Shuttle (70% surcharge, 2 Working days)
Return of Residual Sample :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Report Pick-up :	<input type="checkbox"/> By Self	<input type="checkbox"/> Mail
	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail

Received by :	Date :	Due Date :
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We hereby declare that the information given above is true and correct. We accept and agree to abide by the terms and conditions of TÜV Rheinland Thailand Ltd. and TÜV Rheinland Thailand Ltd. may stipulate without prior notice from time to time (See online General Terms and Conditions from www.tuv.co.th)

Date :	Authorized Signature/ Company chop:
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