

Testing Application Form (TAF)
TÜV Rheinland Thailand Ltd. Furniture Laboratory

Please send us back this TAF Form via Email / Fax and attach a copy to the sample

1. Customer Information (Company name and address will be stated in the test report)			
Company name:		TAX Code No.:	
Address:			
Contact person /		Phone No.:	
Position:		Fax No.:	
Email:		Mobile No.:	
2. <input type="checkbox"/> Supplier <input type="checkbox"/> Buyer Name (will be stated in the test report)			
Address:			
3. Invoice Information - (If different from above)			
Company name:		TAX Code No.:	
Address:			
Contact person /		Phone No.:	
Position:		Fax No.:	
Email:		Mobile No.:	
4. Sample Information (will be stated in the test report)		5. Sample picture	
Sample name:			
Model :			
Supplier/Customer Ref. No.:		QTY:	
Sample description:			
<small>Please fill in, if you do not have the sample picture</small>			
6. Mechanical test request:		7. Inspection request: AQL – ISO 2859, Single Sampling Plan	
Standard/s:		Company:	
Test level / Field of use:		Inspection Address:	
Market / Exported to:		Inspection level: General <input type="checkbox"/> level II <input type="checkbox"/> level III <input type="checkbox"/>	
8. Chemical test:		Order Quantity:	
9. Other tests:		Inspection date:	
	<small>Please indicate test method if possible or special request:</small>	10. Samples return:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>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)</small>			
Date (DD/MM/YY)	Name & Position of Signature	Authorized Signature & Company Chop	