



Govmark

SUBMITTAL FORM: Fabric Testing

DATE: _____

TEST(S) REQUESTED: _____

DESCRIPTION OF SAMPLE BEING SUBMITTED: *(Describe as completely as possible)*

Style: _____

Fiber content: _____

Finish (if any) _____

Fabric weight (oz/yd²): _____

Color (for color oriented tests): _____

End Use of Fabric: _____

IS THIS TESTING PART OF A CLAIM ON BEHALF OF A PLAINTIFF OR DEFENDANT: [] YES; [] NO

Note: Please be sure to clearly mark the face of the material and the warp direction.

	(1)	(2)	(3)
	COMPANY SUBMITTING SAMPLE	COMPANY TO APPEAR ON REPORT	COMPANY BILLING ADDRESS
Person's Name:			
Company Name:			
Address:			
Telephone #:			
Fax #:			
e-mail:			

Note: Unless otherwise directed by the submitter, test reports will be sent to the company shown in column (1).

SPECIAL INSTRUCTIONS (if any): _____

SEND SAMPLES TO:

THE GOVMARK ORGANIZATION, INC.
96 ALLEN BOULEVARD, SUITE D
FARMINGDALE, NY 11735-5626 U.S.A.

Tel. +1 631-293-8944
Fax +1 631-293-8956
e-mail: info@govmark.com

Federal EIN # 11 2237670