

ASTM F 793 (WALLCOVERING)

Please select the test(s) that you require, and complete Pages 2, 3, and 4. For ASTM E84, please complete Pages 5 & 6.

<u>Category</u>	<u>Test Method</u>
1. <input type="checkbox"/> Lightfastness, Carbon Arc, 200 hours	FTM 5660.1
2. <input type="checkbox"/> Washability	ASTM F793 para. 7.4
3. <input type="checkbox"/> Scrubbability	ASTM F793 para. 7.7
4. <input type="checkbox"/> Abrasion, Wyzenbeek, 220 grit, 300 cycles	ASTM F793 para. 7.8
5. <input type="checkbox"/> Tensile (Break) Strength	ASTM D751 12-15, Procedure A
6. <input type="checkbox"/> Crocking	FTM 5651, Method B
7. <input type="checkbox"/> Stain Resistance*	ASTM F793 para. 7.5
8. <input type="checkbox"/> Elmendorf Tear	ASTM D751 27, Procedure A
9. <input type="checkbox"/> Blocking Resistance	FTM 5872
10. <input type="checkbox"/> Adhesion of Coating	ASTM D751 45-48
11. <input type="checkbox"/> Cold Crack Resistance	ASTM F793 para. 7.13
12. <input type="checkbox"/> Heat Aging Resistance	ASTM D751 72-79, Procedure Oven Method
13. <input type="checkbox"/> Flame Spread & Smoke	ASTM E84
14. <input type="checkbox"/> Shrinkage	ASTM D3597

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ITEMS 1 – 14 [See Page 3 for additional information required for Item 13.]

PRODUCT DESCRIPTION: *The report that is issued by SGS Govmark is based on your product description.*

Please describe your product as completely as possible.

Suggested parameters include but are not limited to:

Style: _____

Fiber content: _____

Finish (if any) _____

Material weight (oz/yd²): _____

Color (for color oriented tests): _____

Backing: _____

* Please tell us which cleaning agent we should use:

- | | |
|---|---|
| <input type="checkbox"/> #1: Hot distilled water | <input type="checkbox"/> #4: Detergent as per ASTM F793 paragraph 7.4.1 |
| <input type="checkbox"/> #2: Cold distilled water | <input type="checkbox"/> #5: Other: _____ |
| <input type="checkbox"/> #3: 50% ethyl alcohol | |

Note: *The price of \$ 240 applies to each cleaning agent used.*

COMMERCIAL SERVICEABILITY CLASSIFICATION REQUESTED:

- Category IV, Type I
 Category V, Type II
 Category VI, Type III

Note: *Listed prices apply to one report per category. If more than one category is applied for, additional reports will be issued at \$50 a report.*

DO YOU REQUIRE YOUR SAMPLES TO BE RETURNED TO YOU: NO; YES
 CARRIER: _____
 ACCOUNT #: _____

LITIGATION: *We need to know if the test is part of a lawsuit.*

IS THIS TESTING PART OF ANY ACTUAL OR INTENDED LEGAL ACTION, CLAIM, OR SIMILAR ACTION? NO*; YES

* Failure to answer will be considered "no".

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CLIENT'S P.O. #: *Optional. Only required if it is related to the proper processing of our invoice to you for payment.*

SPECIAL INSTRUCTIONS: *All special instructions contained in your purchase order, such as testing modifications, extra report copies, invoice distribution, etc., must be repeated on this test order form.*

Testing will be conducted as directed by this test order form which supersedes the purchase order.

COMPANY DATA: *Please complete all three columns. Where appropriate, "same" may be entered in Columns 2 and 3.*

Unless otherwise instructed, all reports will be sent to the company identified in Column 1.

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

CLIENT UPDATE (OPTIONAL):

Existing account; New account

In a few words, what brought you to SGS Govmark? _____

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SEND SAMPLES TO:

**SGS GOVMARK
96 ALLEN BOULEVARD, SUITE D
FARMINGDALE, NY 11735 U.S.A.**

Federal EIN # 27 4458985

**Tel. +1 631-293-8944
Fax +1 631-293-8956
Email: rosemary.billelo@sgs.com**

SAMPLES THAT ARE RECEIVED WITHOUT APPROPRIATE INFORMATION MAY BE DELAYED IN TESTING PENDING RECEIPT OF SUCH INFORMATION.

NAME OF PERSON COMPLETING FORM: _____

DATE: _____