

ASTM D4157 (WYZENBEEK)

Please complete a separate form for each product submitted.

TEST SELECTION: Select either 1, 2, 3 or 4 below. After this selection is made choose the abradant that best fits the type of upholstery material submitted for testing. Also tell us how many double rubs we should perform.

<p style="text-align: center;">(1)</p> <p><input type="checkbox"/> A.C.T. GUIDELINES, 2015 (Association for Contract Textiles)</p> <p>Test Method: ASTM D4157</p>	<p style="text-align: center;">(2)</p> <p><input type="checkbox"/> ASTM D3597 – 02 Upholstery Performance Specification</p> <p>Test Method: ASTM D4157</p>	<p style="text-align: center;">(3)</p> <p><input type="checkbox"/> TCFFA Fabric Performance Standards (The Casual Furniture Fabric Association)</p> <p>Test Method: ASTM D4157</p>	<p style="text-align: center;">(4)</p> <p><input type="checkbox"/> ASTM D4157 – 13 Standard Test Method</p>
<p>Abradant:</p> <p><input type="checkbox"/> #10 cotton duck <i>Material other than 100% olefin</i></p> <p><input type="checkbox"/> Wire (steel) screen <i>100% olefin material</i></p>	<p>Abradant:</p> <p><input type="checkbox"/> Wire (steel) screen <i>All materials</i></p>	<p>Abradant:</p> <p><input type="checkbox"/> #10 cotton duck <i>Woven acrylic & woven prints</i></p> <p><input type="checkbox"/> Steel (wire) screen <i>Olefin</i></p>	<p>Abradant:</p> <p><input type="checkbox"/> #10 cotton duck <i>General or Heavy Duty materials</i></p> <p><input type="checkbox"/> Steel (wire) screen <i>Olefin* materials</i></p>
<p>Number of double rubs requested:</p> <p><input type="checkbox"/> 15,000 double rubs <i>Low Traffic / Private Spaces (Woven)</i></p> <p><input type="checkbox"/> 30,000 double rubs <i>High Traffic / Public Spaces (Woven)</i></p> <p><input type="checkbox"/> 50,000 double rubs <i>High Traffic (Coated Fabrics)</i></p> <p><input type="checkbox"/> Other: _____ double rubs</p>	<p>Number of double rubs requested:</p> <p><input type="checkbox"/> 3,000 double rubs <i>Light Duty</i></p> <p><input type="checkbox"/> 9,000 double rubs <i>Medium Duty</i></p> <p><input type="checkbox"/> 15,000 double rubs <i>Heavy Duty</i></p> <p><input type="checkbox"/> Other: _____ double rubs</p>	<p>Number of double rubs requested:</p> <p><input type="checkbox"/> 9,000 double rubs <i>Olefin</i></p> <p><input type="checkbox"/> 15,000 double rubs <i>Woven prints</i></p> <p><input type="checkbox"/> Other: _____ double rubs</p>	<p>Number of double rubs requested:</p> <p><input type="checkbox"/> 3,000 double rubs</p> <p><input type="checkbox"/> 9,000 double rubs</p> <p><input type="checkbox"/> 15,000 double rubs</p> <p><input type="checkbox"/> 30,000 double rubs</p> <p><input type="checkbox"/> Other: _____ double rubs</p>

* ASTM D 4157 does not state percentage; therefore, it is assumed that “olefin” refers to 100% olefin.

-- Continued on Page 2 --

ASTM D4157 (WYZENBEEK)

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: _____

Fabric Weight: _____

Color (for color oriented tests): _____

Product End Use: _____

Additional Information: _____

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".

-- Continued on Page 3 --

ASTM D4157 (WYZENBEEK)

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:			

-- Continued on Page 4 --

ASTM D4157 (WYZENBEEK)

CLIENT UPDATE (OPTIONAL):

Existing account; New account

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

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
E-mail: 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: _____