

MATTRESS

Please complete a separate form for each product submitted.

TEST/S REQUESTED:

COMPLETE MATTRESS:

- ASTM E 1590
- Boston Fire Department IX-11
- California Technical Bulletin 121
- California Technical Bulletin 129
- NFPA 267
- Michigan Roll Up (ASTM F 1085, Annex A3)

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".

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.

-- Continued on Page 2 --

MATTRESS

PRODUCT IDENTIFICATION: Mattress with Foundation; Mattress without Foundation

DESCRIPTION OF COMPONENT MATERIALS: *For each component furnish supplier name, style, etc. If any component is not used, indicate "None used".*

Identification #: _____

MATTRESS:

Style or Model No.: _____

Type: Smooth; Tufted; Quilted; Other: _____

Covering Material (Ticking): _____

Fire Blocking Layer (Interliner): _____

Filling Material(s): _____

Insulator Pad: _____

Core: _____

FOUNDATION: Supplied (complete section below); Not Supplied

Style or Model No.: _____

Covering Material (Ticking): _____

Fire Blocking Layer (Interliner): _____

Other Material(s): _____

-- Continued on Page 3 --

MATTRESS

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? _____

-- Continued on Page 4 --

MATTRESS

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.

PLEASE BE SURE TO MARK EACH MATTRESS CLEARLY SO THAT IT MAY BE MATCHED UP WITH THE CORRECT SUBMITTAL FORM.

All customers are required to contact the following SGS Govmark staff member to schedule delivery of any mattresses: Mr. Bobby Brown, ext. 406, bobby.brown@sgs.com.

NAME OF PERSON COMPLETING FORM: _____ **DATE:** _____