

SLEEPING BAGS

Please complete a separate form for each product submitted.

TEST/S REQUESTED: CPAI-75 – Rate of Burn Standard for Sleeping Bags
 ASTM F 1955 – Standard Test method for Flammability of Sleeping Bags

WASHING INSTRUCTIONS: _____

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:

Lot No.: _____ Date of Mfg.: _____

Style: _____

Composition: _____

Weight: _____ Density: _____ Thickness: _____

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”.

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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:			

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

NAME OF PERSON COMPLETING FORM: _____

DATE: _____