

CASUAL OUTDOOR FURNITURE FABRIC ASSOCIATION (TCFFA)

Please complete a separate form for each product submitted.

TEST/S REQUESTED: Enter test standard number/s or brief wording describing the test.

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".

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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
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: _____