

WTC BUILDING CONTENTS

Item #7. Upholstered Furniture

Select the test/s to be conducted and fill out the product description below. Please complete a separate form for each product submitted.

A) COMPONENTS

- TEST(S) REQUESTED:** 12 Second Vertical – Fabric
 ASTM E 162 – Foams, Cushions, & Other Padding Material
 60 Second Vertical – Self-supporting Plastics

PRODUCT DESCRIPTION*:

Lot No.: _____ Date of Mfg.: _____
Style: _____
Composition: _____
Weight: _____ Density: _____ Thickness: _____
Product End Use: _____
Additional Information: _____

B) COMPLETE FURNITURE ITEM

- TEST(S) REQUESTED:** California Technical Bulletin 133

PRODUCT DESCRIPTION*:

Product Category: Chair; Sofa; Banquette; Other: _____
Product Style or Model No.: _____
Upholstery Cover Material: _____
Fire Blocking Layer (if not used enter "None"): _____
Filling Material: _____
Additional Information: _____

* The report that is issued by SGS Govmark is based on your product description. Please describe your product as completely as possible.

-- Continued on Page 2 --

WTC BUILDING CONTENTS

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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.

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 3 --

WTC BUILDING CONTENTS

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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: _____