

## **TEST ORDER FORM**

**CPAI 84** 

SGS Govmark Testing Services provides test information forms online for your convenience. The forms are in PDF format and require Adobe® Reader® to view or print. If you do not have the full version of Adobe® Acrobat®, kindly fax the completed test order form to us, or scan the form and email it to us. Be sure to enclose a copy of this completed test order form along with your samples.

Please complete a separate form for each product submitted.								
TEST(S) REQUESTED:	CPAI 84:	Wall Material,  As received (init	Top Mate	erial				
IIIALIIALIO TO BE TE		After 72 hours water leaching After 100 hours accelerated weathering						
PRODUCT DESCRIPTION Please describe your productions			Govmark is	based o	on you	r product description.		
Suggested parameters inc	clude but are no	ot limited to:						
Lot No.: Style: Composition:						Date of Mfg.:		
Weight: Product End Use: Additional Information:		Density:			Т	hickness:		
DO YOU REQUIRE YOUR	SAMPLES TO	BE RETURNED TO	YOU: NO	), \	YES	CARRIER: ACCOUNT #:		
LITIGATION: We need t	o know if the te	est is part of a lawsui	t.					
IS THIS TESTING PART O *Failure to answer will be co		L OR INTENDED LE	GAL ACTION	, CLAIN	И, OR	SIMILAR ACTION?	NO*,	YES
CLIENT'S DO #1 0		1:6:::						

**CLIENT'S P.O.** #: Optional. Only required if it is related to the proper processing of our invoice to you for payment.

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**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. COMPANY SUBMITTING SAMPLE 2. COMPANY TO APPEAR ON REPORT 3. 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?

**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:

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