

TEST ORDER FORM	MATTRESS
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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:

- 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.

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 #:

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 #:

Covering Material (Ticking) :

Fire Blocking Layer (Interliner):

Other Material(s):

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.

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:

GOVMARK IS NOW PART OF SGS, THE WORLD'S LEADING INSPECTION, VERIFICATION, TESTING AND CERTIFICATION COMPANY.