



TEST ORDER FORM

WTC BUILDING CONTENTS

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.

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: 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:

B) COMPLETE FURNITURE ITEM

TEST REQUESTED: California Technical Bulletin 133

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:

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:

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. 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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WHEN YOU NEED TO BE SURE

SGS