

Application for Testing : Textiles

Customer Details	
Company name:	
Address:	
VAT Number	Post Code:
Contact name:	
Tel:	Fax:

Order Details		
Your Order No:	Ref/Style No:	
Number of Samples:	End Use:	
Description/Colours:	Quality/Composition:	
Care Code :		
Mens:	Womens:	Children:

Test Requirements: (Please Tick As Appropriate)		SPEC:	
STORE GROUP:			
1. Full Test to Above Standard		5. Abrasion	
2. Colour Fastness to:	Washing	6. Motif Durability	
	Water	7. Pilling	
	Rubbing	8. Seaming Properties	
	Light	9. Tensile Strength	
	Dry Cleaning	Tear Strength	
	Perspiration	Burst Strength	
	Chlorinated Water	10. Security of attachments	
3. Dimensional Stability to:	Print Durability	11. Fibre Composition	
	Washing	12. Formaldehyde	
	Dry Cleaning	13. Other Tests	
Steaming			
4. Stretch Properties:			

Other Tests / Requirements:
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Service Required: 1. Regular <input type="checkbox"/> 2. Express <input type="checkbox"/> 3. Shuttle <input type="checkbox"/>	We request the above tests and agree that all testing will be carried out subject to ITS-Labtest Portugal scale of charges. Date:..... Authorised Signature:.....
Samples to be received no later than 10:00am	

Remark: Express and Shuttle service available for certain tests only

To be completed by the Laboratory :  
 (Vetting of the job to be completed after review of request-QP 15.1)

Entrance Number : \_\_\_\_\_ Authorised Signature : \_\_\_\_\_

