

URBN Test Application Form – MARKET BRAND

Division: <input type="checkbox"/> Urban Outfitters <input type="checkbox"/> Anthropologie <input type="checkbox"/> Free People		Contact Person: _____	SAMPLE SWATCH
Company Name : _____			
Address : _____			
Contact Person : _____			
E-mail Address : _____			
Tel / Contact No. : _____	Fax No. : _____		
Sample Description : _____	End Use : _____		
Colour : _____	Supplier : _____		
Style # : _____	PO# / Ref# : _____		
MFG : _____	Country of Origin : _____		
Fiber Content : _____	Weight : _____		
Fabric : _____	Care Instructions : _____		
Construction : _____			
Count : _____			
Service Required : <input type="checkbox"/> Regular (4 – 5 working days)		Special Comments/ Instructions: _____	
<input type="checkbox"/> Express* (3 working days)			
<input type="checkbox"/> Urgent** (8 working hours)			

* For applicable tests only. # Samples must be received by 10:30 AM.

Test(s) Required:		
Package Test:	<input type="checkbox"/> Adult	<input type="checkbox"/> Children
Woven Garments <input type="checkbox"/> FZ/T 81007 – casual wear <input type="checkbox"/> GB/T 2665 – women's suits and coats Knit Garments & Sweater <input type="checkbox"/> FZ/T 73020 – knitted casual wear <input type="checkbox"/> FZ/T 73018 – wool knitting goods <input type="checkbox"/> FZ/T 73005 – Low wool content and wool like knitting goods	Foundations & Swimwear <input type="checkbox"/> FZ/T 73013 – knitted swimming suits <input type="checkbox"/> FZ/T 73012 – brassiere <input type="checkbox"/> FZ/T 81021 - woven swimming wear <input type="checkbox"/> FZ/T 81020 – woven brassiere Denim Garments <input type="checkbox"/> FZ/T 81006 - Jeanswear	Leather (including sheepskin, shearling and lamb) <input type="checkbox"/> FZ/T 81018 – woven artificial leather garments <input type="checkbox"/> QB/T 1615 – leather garment <input type="checkbox"/> FZ/T 81009 – artificial fur garment Other (please specify) <input type="checkbox"/> _____

<input type="checkbox"/> Retest: Previous TÜV SÜD Report Number: _____	Date: _____	
Colorfastness: <input type="checkbox"/> Crocking <input type="checkbox"/> Laundering <input type="checkbox"/> Perspiration <input type="checkbox"/> Light Hrs. Exposure Dimensional Stability: <input type="checkbox"/> Laundering – 3 cycles <input type="checkbox"/> Dry cleaning <input type="checkbox"/> Appearance after laundering <input type="checkbox"/> Appearance after dry cleaning Microscopy: <input type="checkbox"/> Fiber composition Flammability: <input type="checkbox"/> Wearing apparel 16 CFR 1610	Physical: <input type="checkbox"/> Seam strength <input type="checkbox"/> Bursting strength <input type="checkbox"/> Seam slippage <input type="checkbox"/> Component strength (snaps, buttons, etc.) <input type="checkbox"/> Stretch and recovery <input type="checkbox"/> Label review Other (please specify) <input type="checkbox"/> _____	RSL Testing Category: <input type="checkbox"/> Plastics and Synthetic materials PU, PVC, Rubber, TPU, TPR, EVA <input type="checkbox"/> Textiles and fabric from natural fiber <input type="checkbox"/> Textiles and fabric from synthetic fiber <input type="checkbox"/> Paints/ Coatings/ Surface prints <input type="checkbox"/> Leather <input type="checkbox"/> Synthetic Leather (PU, PVC) <input type="checkbox"/> Metal Parts <input type="checkbox"/> Adhesives

Sample Return : <input type="checkbox"/> Yes <input type="checkbox"/> No	Report : <input type="checkbox"/> Applicant <input type="checkbox"/> Payer
Invoice Recipient : <input type="checkbox"/> Applicant <input type="checkbox"/> If other, please provide the following information:	
Payer's Name : _____	Contact person : _____
E-mail Address : _____	Contact No. : _____
Billing Address: _____	

The TÜV SÜD Certification and Testing (China) Co., Ltd. "General Terms & Conditions" is applied. For full version, please visit: <http://www.tuv-sud.cn/cn-scn/terms-and-conditions> As the applicant, we apply the above tests and agree all the terms and conditions listed on the page through above link and the price list related.

Authorized Signature / Company Stamp / Date: _____	Checked & Received by TÜV SÜD / Date & Time: _____
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