



HARDLINES TESTING

Sample Submission Form

Client Information

Client: _____ Contact: _____
Address: _____ Phone: _____ Fax: _____
City: _____ E-mail: _____
State: _____ Zip: _____ Country: USA

Vendor Information

Vendor: _____ Contact: _____
Address: _____ Phone: _____ Fax: _____
City: _____ E-mail: _____
State: _____ Zip: _____ Country: _____

Sample Information

Description: _____
Colors: _____ Cty. of Origin: _____
Client Style No: _____ PO Number: _____ SKU: _____
Manufacturer: _____ Department: _____ Season: _____
Tested Previously By UL: ☐ Yes ☐ No If Yes, Previous Report Number: _____

Package Test Program

Test to program requirements of: _____
Send report copy to the above specified client? ☐ Yes ☐ No

Service Information

☐ 5-7 Working Days ☐ 1 Working Day (Rush)*
☐ 7-10 Working Days ☐ 3 Working Days (Rush)*

* Subject to additional service charge as outlined in the UL Price List.

Individual Tests (check all that apply)

- ☐ Full Industry/UL Protocol ☐ FDA Extraction ☐ Lead Content ☐ RoHS/WEEE ☐ Performance
☐ California Prop ☐ Candle Burn
☐ Other (please specify): _____
☐ UL To Consult and Advise on Applicable Testing

Billing Information

Under this program, invoices should be sent to, and will be paid by the ☐ Client ☐ Vendor using the address above. If different:
Contact: _____ Phone: _____
Address: _____ E-mail: _____
City: _____
State: _____ Zip: _____

Authorized Signature

Signature: _____ Print Name: _____
Company: _____ Title: _____ Date: _____

The above signature, by an authorized company representative, confirms that the company is responsible for all payments to UL for services described herein. This signature also acknowledges that the UL Standard Terms and Conditions (01/02/13) apply to these services unless they are covered under a separate agreement.