



HARDLINES TEST REQUEST FORM

GENERAL INFORMATION (*Limited tests available. Please call for details) (#Mandatory field)

Submitting For Company Name: Urban Outfitters Inc. JDE Number: 46796Service Required: ☐ Regular (7 Business Days) ☐ *Express Service 40% Surcharge ☐ *Emergency Service 100% Surcharge**Note: Due to product complexity, sample volume or level of testing, expedited service may not be available**Fail Retest: ☐ No ☐ Yes - please state Previous Report Number(s): _____Quotation Before Testing: ☐ No ☐ Yes (Testing is initiated upon receipt of signed quotation with complete information & samples)

#SUBMITTER INFORMATION

Submitter Type: ☐ Mill ☐ Factory ☐ Vendor ☐ Agent ☐ Program Client ☐ Other: _____

Submitter Company Name: _____

Address: _____

Contact Person: _____ Tel Number: _____ Mobile Number: _____

Email: _____ Fax Number: _____

IF REPORT OR INVOICE RECIPIENT IS DIFFERENT FROM THE ABOVE CONTACT PERSON, PLEASE PROVIDE:

Report Recipient: _____ Report Recipient Email: _____

Invoice Recipient: _____ Invoice Recipient Email: _____

VENDOR OR AGENT INFORMATION (☐ VENDOR ☐ AGENT)

Company Name: _____ Company ID / Number: _____

Company Email: _____ Company Tel Number: _____

FABRIC MILL AND FACTORY INFORMATION

Factory Name: _____ Factory ID / Number: _____

Factory Email: _____ Factory Tel Number: _____

SAMPLE INFORMATION

#Product Description: _____

#Style Number: _____ Purchase Order Number: _____

Lot Number: _____ Item Number: _____

Country of Origin: _____ #Country of Destination: _____

Fabric Weight: _____ Color(s) Submitted: _____

Fiber Content: _____ Care Label: _____

TEST REQUEST (Please check appropriate boxes)

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Sunglasses/Readers | <input type="checkbox"/> Textile Linens | <input type="checkbox"/> Pillows | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Rugs | <input type="checkbox"/> Lighting | <input type="checkbox"/> Kitchenware | <input type="checkbox"/> Wall Art |
| <input type="checkbox"/> Mirrors | <input type="checkbox"/> Watches/Clocks | <input type="checkbox"/> Electronic Accessories | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Books | <input type="checkbox"/> Umbrellas | | |
| <input type="checkbox"/> Other (please Specify) : | | | |

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<http://www.bureauveritas.com/home/about-us/our-business/cps/about-us/terms-conditions/>

Date: _____ Authorized Signature: _____



URBAN OUTFITTERS INC.
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Country of Destination: US only

☐ **CPSIA General Conformity Certificate (GCC)/(CPC) - please provide below additional information:**

Person Maintaining Test Record Information

Contact Person: _____

Company Name: _____

Mailing Address: _____

Tel Number: _____

Email: _____

Product Information

Date of Manufacture: _____

(MM/YYYY)

Place of Manufacture: City Province Country

(City / Province / Country)

Domestic Manufacturer / Importer Information

Company to be shown on GCC/CPC: ☐ Domestic Manufacturer
(Required for U.S. Domestic Manufacturer)

☐ Importer
(Required for U.S. Importer)

Contact Person: _____

Company Name: _____

Mailing Address: _____

Tel Number: _____