

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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GOVMARK IS NOW PART OF SGS, THE WORLD'S LEADING INSPECTION, VERIFICATION, TESTING AND CERTIFICATION COMPANY.

WHEN YOU NEED TO BE SURE

SGS