



Testing Request Form

Due Date:	
Received Date:	
Report No.:	

Contact Person: Tom@cps-cert.com
 Account Manager: Jerry@cps-cert.com

请务必填写带有★项目 Please make sure you have involved all items marked by ★

申请信息 Applicant Information

★申请单位名称 Applicant Name:	
★申请单位地址 Applicant Address:	
★报告发送 Send Reports To:	
★报告抄送 CC To:	
★付款方 Payer:	

样品信息 Sample Information:

★ 样品名字 Sample Name:	
★ 样品描述 Sample Description:	
★ 颜色 Color:	
★ 样品型号 Style No.:	
★ 订单编 P/O No.:	
★ 客户 Customer:	
★ 年龄范围 Age Group:	
供应商 Vendor/Supplier:	
生产国 Country of Origin:	
出口地: Exported To:	<input type="checkbox"/> Europe <input type="checkbox"/> USA <input type="checkbox"/> Other

工厂信息 Factory information (不要显示在报告上 Don't show on report)

★工厂名字 Factory Name:	
★工厂联系人 Contact:	
★工厂联系邮箱 Factory Email:	

★测试要求 Test Requirements: Pls tick the applicable items category:

<input type="checkbox"/> 珠宝类 Jewelry <input type="checkbox"/> 包类和腰带 Bags and Belts: <input type="checkbox"/> Handbag <input type="checkbox"/> Totes <input type="checkbox"/> Wallets <input type="checkbox"/> Purses <input type="checkbox"/> Belts <input type="checkbox"/> Other <input type="checkbox"/> 太阳镜 Sunglass	<input type="checkbox"/> 鞋类 Footwear: <input type="checkbox"/> Shoes <input type="checkbox"/> Boots <input type="checkbox"/> Soled slippers <input type="checkbox"/> Sandals <input type="checkbox"/> Jellies <input type="checkbox"/> Other <input type="checkbox"/> 衣服配饰 Apparel accessories: <input type="checkbox"/> Scarves <input type="checkbox"/> Gloves <input type="checkbox"/> Tights <input type="checkbox"/> Socks <input type="checkbox"/> Headwear <input type="checkbox"/> Hosiery <input type="checkbox"/> Other <input type="checkbox"/> 其它 Other
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其它测试项目或要求, 请注明 :Other testing items or requirement, Please specify as:

★服务类型 Service Required: Regular Service:3-4 work days (except Nickel Release test) Express Service:1.5 work days(40% Surcharge)

★样品处理方式 Sample Treatment:

退还样品(邮费自付) Return the sample .
 其它 Other: HOLD COMPONENTS FOR 60 DAYS IN CASE RETEST IS REQUESTED. DON'T RETURN COMPONENTS UNLESS SPECIFICALLY REQUESTED BY CLIENT.

Signature for and on behalf of the applicant and Company Chop

申请公司授权人签名及盖章:

Date 申请日期