

Date: \_\_\_\_\_

### CONTACT INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Quotation #: \_\_\_\_\_ Number of Sample to be Tested: \_\_\_\_\_

### STANDARDS

*Check all that apply*

AS/NZS4399  **Australian / New Zealand Standard:** Sun protective clothing - Evaluation and Classification

AATCC 183  **American Standard:** Transmittance Or Blocking Of Erythemally Weighted Ultraviolet Radiation Through Fabrics

EN 13758-1  **European Standard:** European Standard For Sun-Protective Clothing

BS EN 13758-1  **British Standard:** European Standard For Sun-Protective Clothing

GBT18830-2009  **Chinese Standard:** Textiles – Evaluation for Solar, UV, Radiation Protective Properties

### TEST DATA

Formal Certificate Required?  Yes  No

*Data file will be provided at no extra charge.*

### RETURN INFORMATION

Is the sample to be returned:  Service:  Overnight  2nd Day  Ground

Shipping Account #: *(If Necessary)* \_\_\_\_\_

### PAYMENT INFORMATION - ALL TESTS MUST BE PREPAID

Payment Information: \_\_\_\_\_  MasterCard  Visa  Amex  Discover

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

*(Call this in if you prefer)*