

TESTING REQUEST FORM

THANK YOU FOR USING BLC'S ACCREDITED
LABORATORY SERVICES FOR YOUR TESTING

TO ENSURE THE FASTEST POSSIBLE RESPONSE TO YOUR TESTING NEEDS
PLEASE TAKE THE TIME TO COMPLETE THE FOLLOWING SIMPLE FORM

If you are a member of BLC or have previously used BLC's testing services, please complete section **A** only.

If you are a new customer to BLC and have not used BLC's testing services before, please complete sections **A + B**.

SECTION A

COMPANY DETAILS			
Company name:			
Contact name:			
Contact details:			
Phone:			
Fax:			
E-mail:			
Your order no:			
TESTING DETAILS			
Description of sample:			
Unique reference:			
Tests requested Please include type and method e.g. Tear strength ISO3377-2			
Testing Specification e.g. Adidas, IKEA, Nike, Tesco etc.			
Urgency of Testing Please circle	Standard 5 days	Urgent 3 days Cost x 1.5	Very Urgent Next day Cost x 2
Reports will be e-mailed unless otherwise requested	E-mail my report	Fax my report	Post my report

SECTION B

COMPANY DETAILS			
Company address:			
Invoicing address:			
Company contact details:			
Phone:			
Fax:			
E-mail:			
Web address:			
How will payment be made? Please circle	Cheque	Bank Transfer	Credit card
How did you find out about BLC?	Internet	Retailer	Other

PLEASE NOTE PAYMENT TERMS
ALL NEW CUSTOMERS AND NON-MEMBERS OF BLC MUST MAKE PAYMENT WITH ORDER AND COMPLETE A CREDIT APPLICATION FORM
BLC MEMBERS ONLY - PAYMENT MUST BE MADE WITHIN 30 DAYS OF INVOICE

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