**The North Face**

**Test Request Form**

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| **SERVICE REQUIRED** |   | [ ]  Regular | [ ]  \*Express*(50% surcharge)* | [ ]  \*Priority(Shuttle)*(100% surcharge)* | [ ]  \*Priority(Same day)*(150% surcharge)* |
|  |  (3working days) |  (2 working days) | (1 working day) |  (8 working hours) |
|  |  |  |  |
|  |  |  |  |
| **Applicant Information :**  | \*Available test item only |
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|  |  |
| --- | --- |
| Company Name : |  |
| Address : |  |
| Contact Person : |  | E-mail Address: |  |
| Telephone : |  | (Ext. |  | ) | Fax: |  |

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**Billing Information :**(If the applicant is different from billing company)

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|  |  |
| --- | --- |
| Company Name : |  |
| Address : |  |
| Contact Person : |  | E-mail Address: |  |
| Telephone : |  | (Ext. |  | ) | Fax: |  |
|  |  |  |  |  |  |  |

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**Sample Information :**(Please fill in information and tick appropriate boxes)

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| --- | --- |
| Sample Description : |  |
| No. of Sample : |  | Fabric Submitted : |  |
| Order No. : |  | Fabric Mill : |  |
| Fabric Code : |  | PO No. : |  |
| Color : |  | Style No. : |  |
| Season : |  | Weight : |  |
| Garment Program : |  | Product for : |  |
| Garment Maker : |  | Goods to be exported to: |  |
| End Use : |  |  |  |
| Submitted Fiber Contents: |  |

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| **Care Instructions and/or Symbols:**  | **(Mandatory for Dimensional Stability, C/F to Washing Test)** |
| Care: |  | Symbol: |  |

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**Test(s) Required** (Please fill in information and tick appropriate boxes)

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| **\*TNF DryVent (EU) Development Package Test : YES [ ]  , NO [ ]** **\*Individual Test** (Please select the appropriate testing items below) |
| [ ]  | Fabric Weight | ASTM D 3776 |  |
| [ ]  | Water Repellency(Spray) | AATCC 22 |  |
| [ ]  | Hydrostatic Testing | AATCC 127/JIS L1092 |  |
| [ ]  | Hydrostatic Testing | ASTM D751-06 |  |
| [ ]  | MVTR(Moisture Vapor Transmission Rate) | ASTM E96 B |  |
| [ ]  | MVTR(Moisture Vapor Transmission Rate) | JIS L1099 – B1 |  |
| [ ]  **Other Test:** (Please indicate test method if possible or special request) |

|  |
| --- |
| **Report Delivery Service:** **[ ]  Yes** **[ ]  No Return Remained Sample:** **[ ]  Yes** **[ ] No** |

\*If 20 laundering test is required, the additional turnaround time could be taken.

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| **COMMENT(S):** | ( Please fill in information if you need any special testing conditions or request regarding test items.) |
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|  |
| **Date Authorized Signature** |