



COMMERCIAL TESTING COMPANY

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Information@CommercialTesting.com

REQUEST FOR TESTING

CLIENT ADDRESS

Company Name: _____
Company Address: _____

CLIENT BILLING ADDRESS

Company Name: _____
Company Address: _____

CONTACT

Name: _____
P.O. Number (IF REQUIRED): _____ Telephone: _____
e-mail: _____
Authorized Signature:

TESTING REQUIRED

TEST SAMPLE IDENTIFICATION

****Any pertinent information you wish to have included in your test report****

Identification: _____
Type Material: _____
Construction: _____
Fiber: _____
Backing Type: _____
Other: _____

SPECIAL INSTRUCTIONS

Tested To Be Sure®...since 1974

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INCLUDE COMPLETED FORM WHEN SUBMITTING SAMPLES FOR TESTING. SAMPLES THAT ARE RECEIVED WITHOUT APPROPRIATE INFORMATION MAY BE SUBJECT TO DELAYS IN TESTING. COMMERCIAL TESTING COMPANY RESERVES THE RIGHT TO REJECT ANY SAMPLES WHICH, IN OUR JUDGMENT, MAY POSSIBLY DAMAGE OR DESTROY LABORATORY TEST EQUIPMENT DURING TESTING. UPON ACCEPTANCE OF LABORATORY DATA, BUYER AGREES THAT INVOICES ARE DUE WITHIN 30 DAYS OF THE INVOICE DATE WITHOUT EXCEPTION. ALL ACCOUNTS REACHING 90 DAYS ARE AUTOMATICALLY REFERRED TO COLLECTION. A 1.5% MONTHLY SERVICE CHARGE WILL BE IMPOSED.