



REQUEST FOR SERVICES FOR SUBMITTED SAMPLES

SAMPLE SUBMITTED BY	DATE:
COMPANY NAME:	
ADDRESS:	
PHONE:	FAX:

COMPANY TO BE BILLED IF DIFFERENT FROM ABOVE	
COMPANY NAME:	
ADDRESS:	
PHONE:	FAX:

SEND DOCUMENT(S) TO:	
PHONE:	FAX:

NOTE: IF NOT SPECIFIED, DOCUMENTS WILL BE DELIVERED BY GENERAL MAIL

SPECIAL DELIVERY - COURIER NAME:
ACCOUNT NUMBER TO BE BILLED AGAINST:

COMMODITY:
VARIETY DECLARATION (IF NOT DETERMINED BY THE GRADING STANDARDS):
SAMPLE IDENTIFICATION:
TEST(S) REQUIRED:
SPECIAL INSTRUCTIONS:

SIGNATURE: _____

**By my signature I acknowledge that submitted samples are held for maximum 90 days. Extended retain times must be advised and may be subject to additional costs.
Unless otherwise specified, the rate for services will be as per SGS price list available upon request.**

All services are performed in accordance with SGS General Conditions for services for North America, available at http://www.sgs.com/terms_and_conditions.htm, or upon request.