GENERAL InformatioN (*\*Limited tests available. Please call for details) (#Mandatory field)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Submitting For Company Name: | | | Vince | | | | JDE Number: | | 341580 | |
| Service Required: | Regular (5 Business Days) | | | | \*Express Service 40% Surcharge | | | \*Emergency Service 100% Surcharge | | |
| **Note: Due to product complexity, sample volume or level of testing, expedited service may not be available** | | | | | | | | | |
| Fail Retest: | | No | | Yes - please state Previous Report Number(s): | |  | | | | |
| Quotation Before Testing: | | No | | Yes (Testing is initiated upon receipt of signed quotation with complete information and samples) | | | | | | |
| Return Samples | | No | | Yes (shipping & handling charges apply) Courier Account #: | | | | | | |

#Submitter Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Submitter Type: | | Mill | Factory | | Vendor | | Agent | | Program Client | | Other: | |  |
| Submitter Company Name: | |  | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | |
| Contact Person: | |  | | Tel Number: | |  | | | | Mobile Number: | |  | |
| Email: | |  | | | | | | | | Fax Number: | |  | |
| **IF REPORT OR INVOICE RECIPIENT IS DIFFERENT FROM THE ABOVE CONTACT PERSON, PLEASE PROVIDE:** | | | | | | | | | | | | | |
| Report Recipient: |  | | | | | | | Report Recipient Email: | | | |  | |
| Invoice Recipient: |  | | | | | | | Invoice Recipient Email: | | | |  | |

**vendor or AGENT information ( VENDOR  AGENT)**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Company ID / Number: |  |
| Company Email: |  | Company Tel Number: |  |
| **FABRIC MILL AND FACTORY INFORMATION** | | | |
| Fabric Mill Name: |  | Fabric Mill ID / Number: |  |
| Fabric Mill Email: |  | Fabric Mill Tel Number: |  |
| Factory Name: |  | Factory ID / Number: |  |
| Factory Email: |  | Factory Tel Number: |  |

**Sample Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| #VINCE Division: |  | | | | | | | | | | | | |
| #Product Description: |  | | | | | | | | | | | | |
| Age Range: | Adult Men | | Adult Women | | | Children (up to age 12 & under) | | | | | | | |
| #Fabric/Garment Style Number: |  | | | | | #Season: | | | | |  | | |
| Country of Origin: |  | | | | | #Purchase Order Number: | | | | |  | | |
| Country of Destination: | US | Canada | | EU | Korea | | Japan | | China | | | Dubai | Other |
| Color(s) Submitted: |  | | | | | #Market Segment: | | | | (fabric or garment) | | | |
| Fabric Weight: |  | | | | | Fiber Content: | | | |  | | | |
| Previous report # for garment submission | |  | | | | | | | | | | | |
| Care Label: | |  | | | | | | | | | | | |
| #Laundry Detergent: | | AATCC with Optical Brighteners | | | | | | AATCC without Optical Brighteners | | | | | |

**Test Request *(Please check appropriate boxes)*** *(*\*\**care label needed)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PACKAGE REQUESTED:** | |  | | | | |
| Woven Fabric | | Woven Garment | | Sweater | | Cashmere |
| Knit Fabric | | Knit Garment | | Denim Fabric | | Denim Garment |
| Leather & Suede Skin | | Leather & Suede Garment | | Lining: Woven  Knit | | |
| Down & Feather | | Additional Color | |  | | |
| Other: |  | | | | | |
| **RSL** | | | | | | |
| Plastics & Synthetic Material  PU, PVC, Rubber, TPU, TPR, EVA | | | Paint / Coating / Surface Prints | | Natural Textiles | |
| Synthetic Textiles | | | Metal Parts | | Natural Leather | |

All services of Bureau Veritas Consumer Products Services Division are strictly offered, and can only be accepted, under the CPS Conditions of Service. Any party that requests said services, confirms said services, or makes any payment for said services does so agreeing automatically that: (a) it irrevocably accepts and agrees to the CPS Conditions of Service; (b) it waives all rights to change or challenge the CPS Conditions of Service; and (c) the CPS Conditions of Service are final and, unless expressly agreed otherwise by Bureau Veritas, any additional conditions sought to be imposed on any service or payment shall be invalid. The CPS Conditions of Service can be accessed through this link:

<http://www.bureauveritas.com/home/about-us/our-business/cps/about-us/terms-conditions/>

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Authorized Signature: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CPSIA General Conformity Certificate (GCC)/(CPC) - *please provide below additional information:* | | | | | | | | | |
|  | Person Maintaining Test Record Information | | | | Domestic Manufacturer / Importer Information | | | | |
|  | Contact Person: |  | | | Company to be shown on GCC/CPC: | | Domestic Manufacturer  (Required for U.S. Domestic Manufacturer) | | |
|  | Company Name: |  | | |
|  | Mailing Address: |  | | | Importer  (Required for U.S. Importer) | | |
|  |  |  | | |
|  |  |  | | | Contact Person: | |  | | |
|  | Tel Number: |  | | | Company Name: | |  | | |
|  | Email: |  | | | Mailing Address: | |  | | |
|  |  | | | |  | |  | | |
|  | **Product Information** | | | |  | |  | | |
|  | Date of Manufacture: |  | | | Tel Number: | |  | | |
|  |  | (MM/YYYY) | | |  | |  | | |
|  | Place of Manufacture: | City |  | Province | |  | | Country |  |
|  |  | (City / Province / Country) | | |  | |  | | |