**VINCE. SERVICE REQUEST FORM – Inspections**

**Email request to:**

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| **VINCE. Requesting SGS Inspection Service** |
| Client Company Name: | PO # for SGS:  |
| Bill To Address & Contact (Invoice):  | Ship To Address (Report): □ same as billing address |
| Contact Name:  | Contact Name:  |
| Telephone:  | Telephone:  |
| Fax:  | Fax:  |
| E-Mail:  | ***Report Distribution E-mail***:  |

**Service Location Information**

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| Applicant Name:  |
| Service Location (For Approval & Access): | Contact Name:Email:Telephone:Cell; |
| **Product Information** |
| Product / Sample Description:  |
| Style/SKU# and Quantity/Color Breakdown (example; *STYLE XYZ – 2,400pcs (600 x 4 Colors)*) |
| Requested Execution Date:  | Requested Report Sent Date:  |
| No. Cartons:  | PO # : |  |
| ANSI Sampling Level: **II** | AQL; Critical **0** Major **2.5** Minor **2.5** | Scope:  |

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|  **SGS Service(s) Required** *(double click to check the appropriate Box)*[ ]  **Final Random Inspection**[ ]  **Fabric Inspection** [ ]  4 Point System [ ]  10 Point System |

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| **Documents Enclosed** |
| [ ] Written Authorization to enter premises | [ ] Inspection Guidelines, Defect Classification, Spec |
| [ ] Reporting Templates | [ ] Prepay (credit card, corp. check, wire transfer) |
| [ ] Audit Form/Checklist | **[ ]** PO Copies |
| [ ] Audit Guidelines | [ ] Approved sample:      Other:      |
| [ ] Corporate Policy (ies) | **[ ]** Garment Specs |
| [ ] **Authorization To Release Report To Other Parties** | **[ ]** Ticketing & Packing Instructions |
|  |  |
| **SGS Client Services:** |  | **SGS Salesperson:** |  |

**Client Confirmation:** We confirm that the above information is complete and agree to SGS terms and conditions (attached).

**Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



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