



Controller Contact Information

Company Name:	
Company Address:	Controller Address:

Controller Name:
Telephone:
Fax:
E-Mail:

Please provide a Primary Alternate and a Secondary Alternate if applicable

Alternate Name:	Alternate Name:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-mail:

Company Authorization:

President Signature:	Printed Name:	Date:
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Submit this completed document to:

SGS Consumer Testing Services, 291 Fairfield Ave, Fairfield, NJ 07004 Attn. Gladys Concepcion
Phone: (973) 461-7930 Fax: (973) 575-7175 eMail: Gladys.Concepcion@SGS.com

SGS USE ONLY	DATE STAMP:
Comments:	