



Sample Shipment Tracking Form

Company Name:	
Address:	Sampling Address:
Contact Name:	Contact Name:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-mail:

Product Name:
Date samples shipped:
Shipping company used:
Estimated delivery date:
Shipment tracking number:

Applicant Authorization:

Controller Signature:	Printed Name:	Date:
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Submit this completed Sample Shipment Tracking Form 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:	