AP Network – Performance Network Inc.

Certification & Technical Support Div.

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# **Quotation Request & Sample Submission Form**

Please complete the following information and submit this form with your sample(s) to avoid delays and additional fees 시험지연 또는 추가비용발생을 방지하기 위해 다음을 정확히 작성하여 샘플과 함께 시험소로 발송해주시기 바랍니다.

## CLIENT INFORMATION (성적서에 표시되는 정보입니다. 정확히 기록바랍니다.)

Company Name	
Contact Name	
Contact Phone	
Contact E-Mail	

Proposal No.	
Laboratory Contact	
Desired Service	RUSH (Premium Charge)
Level	REGULAR

### SAMPLE INFORMATION (성적서에 표시되는 정보입니다. 정확히 기록바랍니다.)

No.	Product Identification (Model etc.,)	Material Description (color, sizes, etc.)	Test Method to be Applied (Ex.: ASTM E84)
1			
2			

ATTACH ADDITIONAL SHEETS IF REQUIRED – HAZARDOUS MATERIALS MUST BE ACCOMPANIED BY AN MSDS

#### SAMPLE VOLUME & WEIGHT (Units : Cm, Kg) (실제 측정값을 기록)

Packing Volume	Length		Width			De	epth		Re	marks:			
Packing Weight			Packing M	lat'l	Wood		Non	wood	Other		Remarks:		
Each Sample Size in Detail (ATTACH ADDITIONAL SHEETS IF REQUIRED)													
Product Identification:, (L) X (W) X(D) Other Qty :													
예) 각 시험 규격 별 시료사양은 별도 문의바람. ㈜ 포장완성부피 및 무게 : 20Kg 이하. 각 번 25Cm X 65Cm X 65Cm 이하.(규격초과 시는 별도 상의)													

#### **REPORT & INVOICE INFORMATION**

Please address the report to:			Please	send inv	the same	as "Report to"			
Street Address		Street Address							
City/Town		City/Town	1						
Province/State		Province/State							
Postal/Zip Code		Postal/Zip Code							
Country		Country							
Original	Name :	E-mail :		O a start	Name :		E-mail:		
Contact	Tel:	Mobile :		Contact	Tel :		Mobile :		

#### **SAMPLE RETENTION & REPORTING**

Please retain the samples : Fee*			l wo	Fee*		
	for 30 days after issuing the report.	none		as a summary report of all materials	none	
	for 90 days after issuing the report.	\$200		as individual reports for each material	as quoted	
	until I release them.	\$300 / month		as individual reports for each test	as quoted	
	return the samples to me after testing See Note no report required – information only none					
IF MATERIALS ARE TO BE RETURNED AFTER TESTING, PLEASE PROVIDE A COURIER NAME AND ACCOUNT NUMBER (DHL, TNT etc. :						

PROJECT ADMINISTRATION			
Questionnaire	No	Yes	Specify Certification Body or Claim
Is this Project for Certification?			
Is this Project for Litigation?			

I verify that the information above is correct and complete to the best of my knowledge.

PRINT NAME

SIGNATURE

DATE