#### 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		Proposal No.(if available)			
Contact Name		Laboratory Preferred	Name		
Contact Phone(office)		특별히 지정하는 시험소명	Conta	ct	
Mobile		5		EXPRESS(Premium Char	ge)
Contact E-Mail		Desired Service Level		REGULAR	

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

No.	Product ID & Material Description 시험대상 제품명/모델번호	Intended Use 제품 사용용도	Document Attached 사양서 <sup>,</sup> 카타로그 첨부 여부	Test Method / Norm (Ex : EN 14041)
1			Yes( ), No ( )	
2			Yes( ), No ( )	
3			Yes( ), No ( )	

ATTACH ADDITIONAL SHEETS IF REQUIRED - HAZARDOUS MATERIALS MUST BE ACCOMPANIED BY AN MSDS Material safety Data Sheet available: Yes ( ), No( )

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

Packing Volume	Length		Width		D	epth			Rer	marks:			
Packing Weight			Packing Ma	at'l Wo	od	Non	wood		Other		Remarks:		
Each Sample Size in	Each Sample Size in Detail (ATTACH ADDITIONAL SHEETS IF REQUIRED)												
Product Identification	n:,		(L)		X (W)			X(D)		Othe	er	Qty:	

예) 각 시험 규격 별 시료 사양은 별도 문의바람.(사례) 포장완성부피 및 무게 : 20Kg 이하. 각 변 25Cm X 65Cm X 65Cm 이하.( 규격초과 시는 별도 상의)

### **REPORT & INVOICE INFORMATION**

Please address the report to as below :				Please send invoices to the same as "Report to"						
Street Address				Street Address						
City/Town			City/Town							
Province/State		Province/State								
Postal/Zip Code		Postal/Zip Code								
Country		Country								
0	Name: E-mail:	044	Name :		E-mail:					
Contact	Tel:	Mo	obile :		Contact	Tel:		Mobile :		

### **SAMPLE RETENTION & REPORTING**

Please retain the samples :	Fee*	I would like the results reported :	Fee*			
for 30 days after issuing the report.	none	as a summary report of all materials	none			
for 90 days after issuing the report.	\$300	as individual reports for each material	as quoted			
until I release them.	\$380 / 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

1 ROOLOT ADMINIOTATION									
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 (M) (D) (Y)