

Glove Testing Request Form

To ensure your order is processed correctly, please complete and include this form with every batch of gloves sent to us for testing.

Full Name	
Company Name	
Address	
Post Code	
Email	
Telephone no.	
Fax	
Date	
Order No. / Your Ref. No.	
Tested Gloves Return Address	
Invoice address	

Please specify the quantities of the various gloves sent for testing

Brand	No. of Glove Pairs					
	Class 00	Class 0	Class 1	Class 2	Class 3	Class 4

Comments :		
Return failed gloves?	Yes	No

Please indicate in the Comments section whether you require us to arrange shipping of returned gloves (transport cost for client's account) or whether you will make your own arrangements for collection.

Test Certificates will be emailed to the person that sent us the gloves. Otherwise, please provide alternative instructions in the Comments section above.

NOTE: Any specific requirements regarding test certificates (e.g. individual certificates for different work locations) must be specified prior to testing.