

DUE DATE _____



Rubber Goods Testing Form

Bill To Address:

Ship To Address:

Contact Person: _____

Phone Number: _____

Email: _____

Payment: (circle one): Net 30 Credit Card

Do you require a PO #? _____

PO Number: _____

Should we call you if items fail?	Yes	No
Should we replace failed items?	Yes	No
Should we return failed items?	Yes	No

Special Instructions: _____

Rubber goods can be shipped to:

SFS Tools and Safety
C/O Test Lab
2500 S Main Street
Harrisonburg VA 22801

540-433-7727