

Textile Technology Center Test Request Form

Company: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

For TTC Personnel Use Only

Date Received	
Date Completed	
Account #	
TS #	
County (NC Cust)	

Billing Information:

Company Name:	
Billing Contact Name:	Billing Phone Number:
Billing Email:	PO#
Billing Address:	
Method of Payment: <input type="checkbox"/> Credit Card (AmEx / MC / Visa) <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Check	
Additional billing/special instructions:	

Testing Information

Expedited Testing Request (Please contact laboratory specialists for rates) <input type="checkbox"/> Express (within 10 days) <input type="checkbox"/> Priority (within 5 days)	
<input type="checkbox"/> Return Tested Samples (Shipping fees apply and can be added to invoice.)	<input type="checkbox"/> Customer to Pick-up Results
<input type="checkbox"/> Ship Results to (address):	<input type="checkbox"/> Email Results to (Results will <u>only</u> be sent to emails listed below.): _____ _____ _____ _____
<input type="checkbox"/> Third Party Shipping information (FedEx/UPS #) _____	
Sample ID (Not supplying enough samples will only increase testing turnaround time.):	
Testing Requested:	
Additional Comments:	

Lab Tech Signature: _____

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