

**食品及化学品
检测申请表**

Applicant: (BLOCK LETTER PLEASE)/申请商 (请用正楷)

Address: _____
地址: _____Contact Person
联系人: _____Email
电邮: _____Tel
电话: _____Fax
传真: _____Supplier: (BLOCK LETTER
PLEASE)

供应商: (请用正楷)

Invoice to supplier: Y/是
发票给供应商: N/否

Address/ 地址: _____

Contact Person / 联系人:

Email / 邮箱:

Tel / 电话:

Fax / 传真:

Sample Description / 样品描述:

Sample Receiving Condition / 样品接收状态:

Sample Size / 样品量:

Buyer / 购买商:

Style / Item No / 类型 / 型号:

Country of Origin / 原产地:

Country of Destination / 目的国:

请在空白处注明您的测试要求Please fill in Block Letter / X Mark box

Test Required 测试需求(Please Specify 请列明):Service Required / 服务要求 Regular 正常 Priority (40% Surcharge) 加快(加收40%) Immediate (100% Surcharge) 特快(加收100%)

*Sample pick-up time not included / 不包括取样板时间

Sample to be returned 需否退还样品: Yes / 需 No / 不需Report to be collected 取回报告: Self Pick-up 自取 E-mail 电邮 Mail 邮寄 Courier 快递**

**Service charge may be levied if reports are to be returned by mail / courier, Otherwise, sample submitted for testing will be scrapped at the discretion of STC upon completion of the test / 测试样品在测试完成后将被销毁, 若邮寄或快递服务, 按情况征收相关费用。

We declared that the above information given by us is true and correct. / 我们声明以上提供的资料全部属实。

Signature for and on behalf of the applicant / Company Chop. 申请方授权人签名 / 公司盖章: _____

Name 姓名: _____

Position 职位: _____

Date 日期: _____