TRIAL REQUEST FORM

Customer Name:

P.O. #:

Contact:

☐ **Project** ☐ **Program** ☐ **Other:** _____

Projected Volume (if available):

Deadline:

Pattern Name:

Content: ***(Please enter amount next to***

☐ Polyester	%	☐ PCR Poly	%
☐ PIR Poly	%	☐ FR Poly	%
☐ Cotton	%	☐ Viscose	%
☐ Wool	%	☐ Linen	%
☐ Nylon	%	☐ Acrylic	%
☐ Olefin	%	☐ Silk	%
☐ Accetate	%		
☐ Other: _____	%		
☐ Other: _____	%		

Process requested:

☐ Alta™ ☐ Backing N/A

☐ Other: _____

Incoming Chemistry? Yes

☐ Silicone ☐ Heatset ☐ Yarn Lubricant

☐ Soil/Stain ☐ Needle ☐ Backing

☐ Other

Incoming Yardage:

(Please provide total trial yardage)

Testing Required? Yes - test @ Applied Textiles

Purpose of Trial:

☐ Certified Testing ☐ Hand

☐ Marketing ☐ Mock-Up

☐ Review ☐ Other*

**If Other, please explain:*

End Use:

☐ Guestroom Seating ☐ Commercial Drapery

☐ Workplace Seating ☐ Privacy Curtain

☐ F & B Seating ☐ Headboard

☐ Senior Living Seating ☐ Top of Bed

☐ Healthcare Seating ☐ Pillows/Accessories

☐ Outdoor Seating ☐ Wall Panel

☐ Nightclub ☐ Residential Seating

☐ IMO

☐ Other: _____

Notes:

Estimated Trial Cost: **Billing:** Yes

Usable Width Requirements:

Ship to Address:

Ship via: **Account #:**

Account Manager:

Revised: 5/31

applied: textiles
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