



Assortment Sticker Request Form

Company Name:
Address:
Requested By:
<i>Must only be requested by designated Company Controller or Alternates</i>
Telephone:
Fax:
E-Mail:

Estimated Number of Assortment Cases Produced Annually:
Requested Number of Assortment Stickers:

For AFSL-Project Manager Approval:				
Requested Quantity:	Approved Quantity:	Project Manager Name:	Date:	Comments:

Applicant Authorization:

Controller/ Alternate Signature:	Printed Name:	Date:
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Submit this completed Request Form to:

SGS Consumer Testing Services, 11308 Strang Line Road, Lenexa, KS 66215 Attn. Jack Holcom
Phone: (913) 530-1045 Fax: (913) 338-2961 eMail: uscts.afsl@sgs.com

SGS USE ONLY	DATE STAMP:
Comments:	