



Controller Contact Information

Company Name:	
Company Address:	Controller Address:
<i>Please provide the name and account number of the preferred shipper you would like us to use when Security Labels and Testing Supplies need to be transported to your designated Controller/ Alternates. Neither AFSL nor SGS will be responsible for these charges.</i>	
Preferred Shipping Provider Name:	Shipping Provider Account Number:

Controller Name:
Telephone:
Fax:
E-Mail:

Please provide a Primary Alternate and a Secondary Alternate if applicable

Alternate Name:	Alternate Name:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-mail:

Company Authorization:

President Signature:	Printed Name:	Date:
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I understand that it is the responsibility of my named designated Controller and/or Alternates to notify SGS of any changes affecting the details provided on this form. All updates must be submitted in writing by completing and re-submitting this form as frequently as necessary.

Submit this completed document 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:	