



**BUREAU  
VERITAS**



## Sample Shipment Tracking Form

Company Name:	
Address:	Sampling Address:
Contact Name:	Contact Name:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-mail:

Product Name:
Date samples shipped:
Shipping company used:
Estimated delivery date:
Shipment tracking number:

### Applicant Authorization:

Controller Signature:	Printed Name:	Date:
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### Submit this completed Sample Shipment Tracking Form to:

<b>Bureau Veritas Consumer Products Services</b> Attn: Joanna Bates Phone: 716-505-3686 Fax: 716-505-3301 Email: <a href="mailto:booking_cpsibuf@us.bureauveritas.com">booking_cpsibuf@us.bureauveritas.com</a>
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<b>BV USE ONLY</b>	<b>DATE STAMP:</b>
Comments:	