

**食品及化学品  
检测申请表**

|   |                                 |                              |  |
|---|---------------------------------|------------------------------|--|
| Applicant : (BLOCK LETTER PLEASE)/申请商 (请用正楷)<br><br>Address :<br>地址 : _____ | <b>For Office Use / 本公司填写</b>   |                              |  |
|   | Application No.:<br>申请号 : _____ | Customer No.:<br>顾客号 : _____ |  |
|   | Received :<br>接收日期 : _____      | Committed :<br>完成日期 : _____  |  |
|   | Reviewed By :<br>复核者 : _____    | Date :<br>日期 : _____         |  |

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 : \_\_\_\_\_

|  |  |
|--|--|
| <b>Sample Description / 样品描述 :</b><br><br>Sample Receiving Condition / 样品接收状态:<br>Sample Size / 样品量: | <b>Buyer / 购买商 :</b><br>Style / Item No / 类型 / 型号 :<br>Country of Origin / 原产地 :<br>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: \_\_\_\_\_