



SPECIAL PROJECTS

DEFECT ANALYSIS REQUEST

(Please Print Clearly)

In order to assist us to better serve your needs, please provide us with the following information and submit it with your item(s) so that we can determine if we are able to accept the project and can provide a conclusive answer.

Client Name: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

List the item(s) to be analyzed (include fiber content and fabric construction information, if available)

Please give a **detailed** description of the problem and other pertinent information:
(If possible, send examples of satisfactory and unsatisfactory items).

NORMAL TURNAROUND TIME 7-10 BUSINESS DAYS