COM/COL TEST SUBMISSION FORM



CONTACT INFORMATION
COMPANY NAME:
CONTACT NAME:
CITY / STATE:
PHONE NUMBER:
EMAIL ADDRESS:
TEST UPHOLSTERY INFORMATION
Manufacturer:
PATTERN NAME:
PRODUCT INFORMATION
SERIES NAME(S):
MODEL NUMBER(S):
NOTES/SPECIAL INSTRUCTIONS
PLEASE SEND A MINIMUM SWATCH SIZE OF 8" X 8", ALONG WITH THIS FORM, TO:
ARCADIA
ATTN: CLIENT SERVICES
5692 FRESCA DRIVE
LA PALMA, CA 90623

TEST RESULTS WILL BE PROVIDED WITHIN 48 HOURS OF RECEIPT. PLEASE CONTACT CLIENT SERVICES WITH ANY QUESTIONS AT 800.585.5957.