



TCNA Product Performance Testing Laboratory Order Form
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Certified Porcelain Tile Testing

Please include this completed form with your materials. This form is required to initiate testing. Please send materials to be tested to the above address to the attention of "Testing." Pre-payment or prior credit approval is required.

Contact: _____ Date: _____
 Company: _____
 Address (reports mailed to): _____
 City: _____ State/Province: _____
 Postal Code: _____ Country: _____
 Telephone: _____ Fax: _____
 Email: _____ PO#: _____
 Date Shipped: _____ Shipping Method/Tracking #: _____

Product Series	Color	Manufacturer (if different from above)	Size	Lot #

For each series, 10 whole tiles are required for water absorption testing and the tiles must meet the following size and color criteria:

- The tiles submitted need to be 12" x 12" or larger and in original un-cut form. For mosaics, please submit 20 pieces of the largest size in the series.
- The tiles submitted must be the lightest color in the series being certified.

Expedited testing is offered on a time available basis and will incur the following additional charge: initiated within 24 hours: 100% or initiated in 3 to 5 days: 50% surcharge.

Testing costs USD 275.00 per series. Prices are subject to change without notice.

Number of tests requested: _____
 Expedited testing
 24 hours @ USD 550 per test: _____
 3 to 5 days @ USD 413 per test: _____
 Total Amount: _____

Test results will be reported to the customer and to PTCA. TCNA will retain one set of 5 samples (10 samples for mosaics).

Hard copies of test reports are available upon request for an additional charge of USD 20.00 (postage included for mailing within the US only). Requests for changes to a previous report or requests for additional hard copies of a test report will be billed at USD 30.00 per report.

It is the customer's responsibility to handle the shipping of materials to be tested to TCNA.

Payment Method: Check enclosed OR Credit Card: MasterCard Visa American Express
 Card #: _____ Expiration Date: _____
 Cardholders' Name: _____
 Signature: _____ Amount: _____