

INDIAN INSTITUTE OF PACKAGING, MUMBAI.

Forms / Formats, Issue – 1, Rev. 3 Date : 25-02-2011

Title : Customer service request form
/ Contact reviews

Form / Format No. : FF - 04
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Customer Service Request Form

1. Customer Name / Address : _____

- Contact Person : _____
- Tele / Fax / E-mail : _____
2. Sample Details : _____
(Size / Type / Class, etc.) : _____
3. Test to be done : _____
4. Applicable Standard, If any : _____
(Other than National /
International Standard) _____
5. Mode of Payment of Test Fee : _____
(By DD / Cheque / Cash) : _____
6. Special Instruction (if any) : _____

Date : _____

(Client's Representative)

For Office Use Only.

1. Job Accepted on : _____
2. Job Allocated to : _____
3. Report No. : _____

Lab – In – Charge :

Date : _____

PLEASE NOTE.

1. Test samples will be retained for 30 days after the completion of the test.
2. The samples are tested as per the request of party /customer only, not for any litigation and publicity.
3. **Samples will be accepted along with testing fees.**
4. **Sample lying with IIP Without payment will be disposed off within a fortnight if not taken back by the customer.**