**Ф 7.1-5 Order form for tests of food contact materials**

Reg. No \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filled by ALMI TEST

**Client**

Invoice details

|  |  |  |
| --- | --- | --- |
| Company (name): |  | Testing Centre ALMI TEST |
| Address: |  | 105 Tsar Samuil Str. |
| Director: |  | 1000 Sofia, Bulgaria |
| Reg. No/ VAT No: |  | e-mail: [office@almitest.com](mailto:office@almitest.com) |
| Contact person: |  | Tel.: +359 888 334 717 |
| e-mail: |  | Tel.: +359 889 508 812 |
| Telephone: |  | [www.almitest.com](http://www.almitest.com) |

Test report details (if different from invoice details)

|  |  |  |
| --- | --- | --- |
|  |  | Language of the test report |
| Company (name): |  | Bulgarian |
| Address: |  | English |

|  |  |  |  |
| --- | --- | --- | --- |
| **Detailed description** of test object(model, type, color, capacity, manufacturer, etc.) |  | | |
| **Brands and manufacturers** of the raw materials from which the product is made (polymer, masterbatch, inks, adhesives, etc.) |  | | |
| **Presense of** recycled material (brand and manufacturer, lot number) |  | | |
| **Foods** for which the product is intended |  | | |
| **Duration** of contact with food |  | **Food** contact temperature |  |

|  |
| --- |
| Tests: |

The client declares that he is familiar with the General Trade Conditions of TC ALMI TEST (almitest.com).

Date: Click or tap to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name, signature, stamp)

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I declare that I am not bound and

in a conflict of interest with the client. Date: (name, signature)

Filled by ALMI TEST