

## **Customer's Own Material (COM) Test Form**

for testing & approval of non-standard fabrics

DATE:

| MUST BE SUBMITTED PRIOR TO ORDER SUBMISSI  | ION.                        |                             |                               |                        |
|--|-----------------------------|-----------------------------|-------------------------------|------------------------|
| <ol> <li>All non-standard fabrics must be sent to Frian</li> <li>Complete all form fields below.</li> <li>Attach 2.5 yards of the fabric to this form. (If the standard fabric to this form.)</li> </ol> | esting on more than one p   | product, attach 2.5 yards o | of fabric per product.)       | er.                    |
| <ol> <li>Forward the completed test form and fabric to<br/>Friant &amp; Associates<br/>1980 West Ave 140th</li> </ol>  | o the attention of your Cus | stomer Service Represent    | ative at this address:        |                        |
| San Leandro, CA 94577  |                             |                             |                               |                        |
| <ol><li>Please allow 5 business days (from sample rec</li></ol>  | eipt by Friant) for testing | and notification of writter | n approval by your Customer S | ervice Representative. |
| DEALER INFORMATION   |                             |                             |                               |                        |
| DEALER NAME  | DEALERSHIP                  |                             |                               |                        |
| ADDRESS  | CITY                        |                             | STATE                         | ZIP                    |
| PHONE #  | EMAIL                       |                             | FRIANT CUSTOMER SERVICE REP   |                        |
| FABRIC INFORMATION   |                             |                             |                               |                        |
| FABRIC MANUFACTURER  |                             | MANUFACTURER PHONE #        |                               |                        |
| PATTERN NAME   |                             | PATTERN #                   |                               |                        |
| COLOR NAME   |                             | COLOR#                      |                               |                        |
| YARDAGE SENT FOR TESTING (RECOMMENDED 2.5 YDS  | PER PRODUCT TEST)           |                             |                               |                        |
| PRODUCT TO BE TESTED   |                             |                             |                               |                        |
| SYSTEM 2 INTERRA ADVANTAGE SEAT CUSHIONS   |                             |                             |                               |                        |
| TILES DASH ADVANTAGE   | TACKBOARDS                  |                             |                               |                        |
| NOVO FLIPPER DOORS   |                             |                             |                               |                        |
| VERITY   |                             |                             |                               |                        |
| DEALER APPLICATION, based on 66"-67" wide fabrics only   |                             |                             |                               |                        |
|  |                             |                             |                               |                        |
| NON-DIRECTIONAL DIRECTIONAL  |                             |                             |                               |                        |