



AUDIT Request Form



Client Information

Date: \_\_\_\_\_

Client: \_\_\_\_\_ Contact: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
City: \_\_\_\_\_ Email: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Buyer Information

Buyer: \_\_\_\_\_ Contact: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
City: \_\_\_\_\_ Email: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supplier Information (Inspection Location)

Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
City: \_\_\_\_\_ Email: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Audit Information

Type of Product Produced [ ]

Language Requirement - Management: \_\_\_\_\_

Language Requirement - Workers: \_\_\_\_\_

Type of Service Required:

- Quality and Capability Audit, Initial Social Compliance Audit, Re-Audit - Quality and Capability, Anniversary - Quality and Capability Audit, Entry Letter Sent to Buyer, Announced Audit, Entry Letter Sent to Supplier, Unannounced Audit

MFG.com Referral Code: MFGUL20130701

Submit To:

USA
UL Verification Services Inc
1559 King Street
Enfield, CT 06082
Tel: +1 (860) 749 8371
Fax: +1 (860) 749 7533

janet.e.mueller@ul.com

Authorized Signature

Under this program, invoices should be sent to, and will be paid by the Supplier Buyer

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_
Print Name: \_\_\_\_\_ Company: \_\_\_\_\_

The above signature, by an authorized company representative, confirms that the company is responsible for all payments to UL for services described herein. This signature also acknowledges that the UL Standard Terms and Conditions apply to these services unless they are covered under a separate agreement. UL Standard Terms and Conditions can be located on our web site: ul.com/VS-terms