

CLIENT INFORMATION FORM

Remit payment to:
SGS North America Inc. - PO Box 2502, Carol Stream, IL 60132-2502
 (Payment Terms are Net 30)

The following document is required for all new clients or for any company changes.
Please complete all fields and return to msi.arap@sgs.com with a copy of your W9.
Must be submitted in advance of sending samples for testing

Select one: **New Client** **Change / Update**

Company Information

Company Legal Name: INSERT COMPANY NAME
Contact Name: INSERT CONTACT NAME
Contact e-mail: Insert Contact E-mail
Phone number: Insert Contact Phone Number
Fax number: Insert Contact Fax Number

Address Information

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|--|---|
| <p><u>Ship To:</u> Street: STREET City: CITY State: STATE Zip: ZIP Country: COUNTRY</p> | <p><u>Bill To:</u> <input type="checkbox"/> Same as Ship To Street: STREET City: CITY State: STATE Zip: ZIP Country: COUNTRY</p> |
|--|---|

Billing Information

Invoice Submission E-mail: Where the invoice should be submitted
Accounts Payable Contact: Insert Accounts Payable Contact Name
Accounts Payable Phone Number: Insert Accounts Payable Phone Number

Payment will be made by:

Purchase Order (hard copy of your PO must be provided) **Credit Card**

Special Instructions (if applicable): Insert any special instructions regarding invoice submission