

VARTEST LABORATORIES INC

Specializing in Fiber, Yarn, Fabric & Apparel Testing

Textile Testing Services Division

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CLIENT INFORMATION FORM

DATE: _____

COMPANY NAME: _____

STREET ADDRESS: _____

NAME OF OWNER OR AUTHORIZED OFFICER: _____

PHONE: () _____ FAX: () _____

PLEASE CHECK ONE: INDIVIDUAL ____ PARTNERSHIP ____ CORPORATION ____

FEDERAL I.D. #: _____

TYPE OF BUSINESS: _____ TYPE OF END PRODUCTS: _____

NAME OF BANK: _____ ACCOUNT #: _____

STREET ADDRESS: _____

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WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF SECURING CREDIT FOR
YOUR ENTERPRISE AND IS WARRANTED TO BE TRUE.

FINANCIAL RESPONSIBILITY

FIRM NAME: _____

SIGNATURE: _____

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