

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: _____

CITY: _____ STATE: _____ ZIP: _____

**APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND
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: _____

PRINT NAME: _____

TITLE: _____

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