



CLIENT INFORMATION FORM

CLIENT INFORMATION	
Company Name / Name of Individual	
Physical Address	
Postal Address	
Postal Code	
Company Registration Number / Identification Number (for Individual)	
VAT Registration Number	
TECHNICAL CONTACT PERSON (report receiver)	
Contact Person	
Telephone	
Mobile	
Cell Phone	
Alternative Contact Person	
Telephone	
Mobile	
Cell Phone	
ACCOUNTS CONTACT PERSON (Invoice Receipt and Payment)	
Contact Person	
Telephone	
Mobile	
Cell Phone	

I, _____, ID number _____

in my capacity as _____ for the Client _____

do hereby acknowledge, accept and agree to the terms and conditions of C.O.D clients as per the Waterlab Terms and Conditions of Service, available upon request.

Signature

Date