



# Location Information Form

**Corporate / Billing Address:** Attention: \_\_\_\_\_

Company Name (list dba): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Shipping Address:** Attention: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**General Information:**

Principal / Owner: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Main Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Individual  
 Partnership  
 LLC  
 Corporation  
 Other

**Ordering Information:**

Authorized Buyer(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Do you provide purchase order numbers?  Yes  No

Payment:  Wire Transfer  Cashiers Check  Credit Card  Visa  MC

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Contact Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Type of Account: \_\_\_\_\_

**License Agreement Dates** (to be filled in by Sub Sea Systems):

Contact Start Date: \_\_\_\_\_

1st Billing start date: \_\_\_\_\_

Billing Months:  Jan  Feb  March  April  
 May  June  July  August  
 Sept  Oct  Nov  Dec

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Agreed and Accepted, Signature: \_\_\_\_\_ Date: \_\_\_\_\_