



**CLIENT DATA SHEET**

<b>DATE:</b>		
<b>I.</b>		
<b>COMPANY NAME:</b>		
<b>ADDRESS:</b>		
<b>TELEPHONE:</b>	<b>FAX:</b>	
<b>CONTACT PERSON:</b>		
<b>DESIGNATION:</b>		
<b>ADDITIONAL SPECIFICATIONS (POWER, WATER, ETC.):</b>		
<b>II.</b>		
<b>TYPE OF COMPANY:</b>	<b>FOREIGN</b> <input type="checkbox"/>	<b>LOCAL</b> <input type="checkbox"/>
<b>BUSINESS LINE/PRODUCTS:</b>		
<b>AREA REQUIREMENT:</b>		
<b>BUILDING REQUIREMENT:</b>		
<b>TIME TABLE:</b>		
<b>SITE VISIT CONDUCTED?</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
<b>REMARKS ON MEETING ADDITIONAL SPECIFICATIONS:</b>		
<b>ASSISTED BY:</b>		<b>NOTED BY:</b>