

1 - FACILITY NAME/ADDRESS INFORMATION

Facility Name:

Facility Business Suffix:

Facility Street Address, Line 1:

Facility Street Address, Line 2:

City:

State *(If applicable; if not, skip to Province/Territory):*

Province/Territory *(If applicable):*

ZIP or Postal Code:

Country:

Phone Number *(Include Area/Country Code):*

FAX Number *(Optional; Include Area/Country Code):*

E-Mail Address:

2 - PREFERRED MAILING ADDRESS INFORMATION

- Complete this section only if different from Section 1 Facility Name/Address Information **(OPTIONAL)**

Name:

Street Address, Line 1:

Street Address, Line 2:

City:

State *(If applicable; if not, skip to Province/Territory):*

Province/Territory *(If applicable):*

ZIP or Postal Code:

Country:

Phone Number *(Include Area/Country Code):*

FAX Number *(Optional; Include Area/Country Code):*

E-Mail Address *(Optional):*

PARENT COMPANY NAME/ADDRESS INFORMATION *(If applicable and if different from Sections 1 and 2)*

Name of Parent Company:

Street Address:

City:

State *(If applicable; if not, skip to Province/Territory):*

Province/Territory *(If applicable):*

ZIP or Postal Code:

Country:

Phone Number *(Include Area/Country Code):*

FAX Number (*Optional; Include Area/Country Code*):

E-Mail Address (*Optional*):

3 – FACILITY EMERGENCY CONTACT INFORMATION

Individual Name (*Optional*)

Title (*Optional*)

E-Mail Address (*Optional*)

Emergency Contact Phone Number (*Include Area/Country Code*)

4 – TRADE NAMES - If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., “*Also doing business as,*” “*Facility also known as*”).

Alternative Trade Name #1

Alternative Trade Name #2

Alternative Trade Name #3

Alternative Trade Name #4