

AR SEN		
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## **CLIENT OBJECTIVES - URIEL CORPORATION**

COMPANY NAME:	
CONTACT NAME:	
PROJECT MGR:	
ADR1:	
ADR2:	
ADRZ:	
ADR3:	
ADR4:	
CITY:	
STATE:	
ZIP CODE:	
COUNTRY	
TELEPHONE:	
URL:	
EMAIL:	
FAX:	
URIEL REPRESENTATIVE:	
CONTRACT NUMBER:	
DATE:	

(Please Continue On The Following Page)

Submit completed form to: management@urielcorporation.com, and or print form and call (708) 598-7314 to arrange fax for submission to Uriel Corporation. Call for assistance with the form.



EMAIL:

FAX:

## CLIENT OBJECTIVES - URIEL CORPORATION

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COMPANY NAME:	
SHIP CONTACT NAME:	
PROJECT MGR:	
SHIP ADR1:	
SHIP ADR2:	
SHIP ADR3:	
SHIP ADR4:	
CITY:	
STATE:	
ZIP CODE:	
COUNTRY	
TELEPHONE:	
URL:	

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## **CLIENT OBJECTIVES - URIEL CORPORATION**

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COMPANY NAME:	
BILLING CONTACT NAME:	
PROJECT MGR:	
BILLING ADR1:	
DIELING / DIVI	
BILLING ADR2:	
BILLING ADR3:	
BILLING ADR4:	
CITY:	
STATE:	
ZIP CODE:	
COUNTRY	
TELEPHONE:	
URL:	
EMAIL:	
FAX·	

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## **CLIENT OBJECTIVES - URIEL CORPORATION**

		Date:	
Submitter Name:			
Submitting Organ	nization Data:		
Objective ID:			
Goal #1			
Steps:	Area of Interest:		
			-
			-
			-
Goal #2			
Steps:	Area of Interest:		-
otopo:	71100 01 11101000		
			-
			-
			-
C1#2			
Goal #3			-
Steps:	Area of Interest:		
			-
			-
			_

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