



CLIENT PROJECT SPECIFICATIONS - URIEL CORP.

COMPANY NAME:

CONTACT NAME:

PROJECT MGR:

ADR1:

ADR2:

ADR3:

ADR4:

CITY:

STATE:

ZIP CODE:

COUNTRY:

TELEPHONE:

URL:

EMAIL:

FAX:

Submitted by: _____

Date: _____

Accepted by: _____

Date: _____

Accepted by: _____

Date: _____

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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.



CLIENT PROJECT SPECIFICATIONS - URIEL CORP.

COMPANY NAME:

SHIP CONTACT NAME:

PROJECT MGR:

SHIP ADR1:

SHIP ADR2:

SHIP ADR3:

SHIP ADR4:

CITY:

STATE:

ZIP CODE:

COUNTRY

TELEPHONE:

URL:

EMAIL:

FAX:

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CLIENT PROJECT SPECIFICATIONS - URIEL CORP.

COMPANY NAME:

BILLING CONTACT NAME:

PROJECT MGR:

BILLING ADR1:

BILLING ADR2:

BILLING ADR3:

BILLING ADR4:

CITY:

STATE:

ZIP CODE:

COUNTRY

TELEPHONE:

URL:

EMAIL:

FAX:

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URIEL CORPORATION PROJECT SPECIFICATIONS

SPECIFICATIONS DETAILS / NOTES:

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