



INFORMATION SHEET

Info Provider Name: _____ Date of request: _____

Organization Providing Info:

Organization Address Making Request:

Organization Email Making Request:

Organization Phone # Making Request

Today's Date: _____ Date needed: _____ By(TIme): _____

Data Classification:

Uriel Corporation Contact Name:

Uriel Corporation Contact Data:

Project:

Contract Number:

Patent Info:

Copyright Info:

Trademark Info:

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.



Product Info:

Service Info:

Agreement Info:

RFQ & RFP Info:

Administrative
Info:

Client Info:

Sales &
Marketing
Info:



INFORMATION SHEET

Trade Network
Info:

Vendor Info:

Distributor Info:

Submission Info:

Contract Info:

Alliance Info:

Other Info:



Detailed Information:

A large, empty rectangular box with a thin black border, intended for providing detailed information.

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