



Location Information Form

Client Name: _____

Name of Location: _____

ICIS Location Code (if applicable): _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Website Address: _____

Primary Contact Information

Primary Contact Name: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email: _____

Technical Contact Information:

Contact Name: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email: _____