



WPC TREATMENT CO., INC.

FREG-001 Customer Registration Information

Company Name _____
Owner Name _____

Person in charge (If different from above) _____

E-Mail _____ @ _____

Website Address www. _____

Address _____
City _____
State _____ Zip _____

Phone _____
Fax _____

Billing Address (If different from above) _____
City _____
State _____ Zip _____

Phone _____
Fax _____

Hours of Operation S M T W T F S
_____ : _____ am - _____ : _____ pm
S M T W T F S
_____ : _____ am - _____ : _____ pm

Alt Contact _____

Business License # _____
Please attach a copy of business license

The above information will not be copied, distributed or made public in any manner. All registrations are held on file by WPC Treatment Co., Inc. and are used exclusively for the purpose of customer business management. The inclusion of the customer business license # entitles the customer to the discount adjusted pricing which is otherwise unavailable to WPC end users. A one time copy of the record can be made available to the customer at their request. Information will be updated as required, i.e. Relocation, New Phone Number etc.

Table with 3 columns: TITLE: FREG - 001 WPC Customer Registration Form, DATE OF ISSUE: May 2005, AUTHORISED BY: Izumi Ogawa; WPC Treatment Co., Inc., REVISION DATE: August, 2007, Signature: Izumi Ogawa; Page 1 of 1, ISSUE NO: 2