



Environmental Safety Technologies, Inc.

New Client Profile Form

Client Information

| | |
|----------------|--------|
| Company Name: | Phone: |
| Contact Name: | Fax: |
| Email Address: | |

Billing Information

| | | |
|-----------------|--------|------|
| Federal Tax ID# | | |
| Street Address: | Suite: | |
| City: | State: | Zip: |

Shipping Information:

| | | |
|-----------------|--------|------|
| Street Address: | Suite: | |
| City: | State: | Zip: |

Report Contact Information

| | |
|-------------|--------|
| Name: | |
| E-mail: | |
| Cell Phone: | Other: |

| | |
|---------------|--------|
| Submitted by: | Title: |
| Signature: | Date: |

Must be signed by an authorized signatory

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