



**BUREAU
VERITAS**



Controller Contact Information

Company Name:	
Company Address:	Controller Address:
<i>Please provide the name and account number of the preferred shipper you would like us to use when Security Labels and Testing Supplies need to be transported to your designated Controller/Alternates. Neither AFSL nor BV will be responsible for these charges.</i>	
Preferred Shipping Provider Name:	Shipping Provider Account Number:

Controller Name:
Telephone:
Fax:
E-Mail:

Please provide a Primary Alternate and a Secondary Alternate if applicable

Alternate Name:	Alternate Name:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-mail:

Company Authorization:

President Signature:	Printed Name:	Date:
----------------------	---------------	-------

Submit this completed document to:

Bureau Veritas Consumer Products Services Attn: Joanna Bates Phone: 716-505-3686 Fax: 716-505-3301 Email: booking_cpsibuf@us.bureauveritas.com

BV USE ONLY	DATE STAMP:
Comments:	