

Applicant: *(Company who owns the rights to the Listing Report and will appear on Intertek's website)*

Legal Entity Name: _____

DBA (if applicable): _____

Street Address: _____

City, State, Postal Code, Country: _____

Contacts (Primary/Secondary): _____	_____
Phone Number: _____	_____
Email: _____	_____

Bill-To: *(Company responsible for ETL Certification Follow-Up Service fees)*
(If different than applicant)

Legal Entity Name: _____

Street Address: _____

City, State, Postal Code, Country: _____

Accounts Payable Contact: _____

Phone Number: _____

Email: _____

Note: If the billing entity is different from the applicant, the billing company is required to provide company registration documents and a letter accepting financial responsibility of the applicant's certification at the location listed below.

Manufacturer: *(Location where final assembly will take place and/or where Certification label will be applied)*

Legal Entity: _____

Street Address: _____

City, State, Postal Code, Country: _____

Contacts (Primary/Secondary) _____	_____
Phone Number: _____	_____
Email: _____	_____

Estimated Production Date: _____

Labeling Method: Purchased from Intertek Obtained from another source (Direct Imprint)

Completed By: _____ **Date:** _____