

## CLIENT SET-UP FORM

Please complete this form and submit to the Building Products Certification Help Desk at [bpcerhelpdesk@intertek.com](mailto:bpcerhelpdesk@intertek.com).  
 If you have any questions, please call the Help Desk at +1 (855) 944-2378.

CLIENT INFORMATION			
<b>Plant Information</b>			
Company Name (Full Legal Entity Name)			
Plant Address			
City	State/Province	Postal Code	Country
Primary Plant Contact	Phone Number	Email Address	
<b>Billing Information</b> – <input type="checkbox"/> Please check this box if same as Plant Information			
Company Name (Full Legal Entity Name)			
Billing Address			
City	State/Province	Postal Code	Country
Primary Billing Contact	Phone Number	Email Address	
Invoice Requires a Purchase Order Number Prior to Release of Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blanket PO Number (if applicable)	Blanket PO Expiration (if applicable)
SUPPLIER INFORMATION			
<i>Please contact your supplier(s) for a letter authorizing Intertek to release machining procedures to your company.</i>			
1.	6.		
2.	7.		
3.	8.		
4.	9.		
5.	10.		

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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