



REQUEST FOR LEGAL BUSINESS NAME AND BUSINESS ENTITY

PLEASE RETURN TO: *API PROTECTION INDUSTRIES, INC.*

FAX TO: 310/674-3333

ATTENTION: NEW ACCOUNTS

IN ORDER TO PROPERLY PREPARE OUR SERVICE AGREEMENT WE MUST HAVE THE FOLLOWING INFORMATION ABOUT YOUR LEGAL BUSINESS ENTITY.

PLEASE CHECK ONE BOX ONLY AND PROVIDE NAME AND TAXPAYER IDENTIFICATION NUMBER:

SOCIAL SECURITY NUMBER _|_|_|_| -- |_|_| -- |_|_|_|_|_|

FEDERAL TAX ID NUMBER _|_|_| -- |_|_|_|_|_|_|_|_|

CORPORATION

INDIVIDUAL/SOLE PROPRIETOR

PARTNERSHIP

ESTATE OR TRUST LLC, LLP

IF YOU SELECT "PARTNERSHIP" ABOVE THEN LIST ALL PARTNES BELOW BY NAME:

PARTNERS: (PRINT NAMES):

FULL LEGAL BUSINESS NAME (AS IT APPEARS ON LEGAL DOCUMENTS)

BUSINESS ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____