

## CLIENT INFORMATION

Contact Name:

Contact Phone:

Contact Title:

Contact Email:

## BUSINESS INFORMATION

Name:  Website:

Address:

Phone Number:  Email:

TAX ID/EIN:  Date of Establishment:

Type of Entity: ☐ 501(c)(3) ☐ LLC ☐ Sole Proprietorship ☐ Corporation ☐ S Corp

State Registration ID:  UEI:  DUNS:  CAGE:

## QUESTIONNAIRE

What is your mission or vision statement? :


What products or services do you offer? :


What services from Equipricity are you interested in? :

Is there anything else we should know about you, your business, or organization? :

### FOR MORE INFORMATION:

 [www.Equipricity.com](http://www.Equipricity.com)

 [Info@Equipricity.com](mailto:Info@Equipricity.com)

 (301) 379-2887