intertek
Total Quality. Assured.

CLIENT INFORMATION SHEET (CIS)

ETL Certification and Follow-Up Services

Applicant *Company who owns the rights to the Listing Report and will appear on Intertek's public directory website*

Legal Entity Name: _____

DBA *if applicable*: _____

Registration or VAT Number: _____

Street Address: _____

City, State, Postal Code, Country: _____

Contact (*Primary*): Name: _____ Phone: _____ Email: _____

Contact (*Secondary*): Name: _____ Phone: _____ Email: _____

Bill-To *Company responsible for ETL Certification Follow-Up Service fees*

Legal Entity Name: _____

Registration or VAT Number: _____

Street Address: _____

City, State, Postal Code, Country: _____

Accounts Payable Contact: Name: _____ Phone: _____ Email: _____

PO Required: ☐ Yes ☐ No Invoice Currency: Select Currency Email for Invoicing: _____

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 manufacturing location listed below.

Standard Terms of Payment are 30 days. If Credit Terms are not established for designated Billing Party, prepayment for services will be required. If a PO Number or other specific information is to be stated on the invoice, you are responsible to provide this information to our Certification Department (North America Billing - cecert.billing@intertek.com, Asia Pacific Billing – ap.rfc@intertek.com, Europe & the Middle East Billing – productioncontrol.swe@intertek.com). Please refer to Certification Agreement for Applicants and Manufacturers, Section 7.3, for further information regarding Billing Responsibility for ETL Certification Fees.

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

Legal Entity Name: _____

Street Address: _____

City, State, Postal Code, Country: _____

Contact (*Primary*): Name: _____ Phone: _____ Email: _____

Contact (*Secondary*): Name: _____ Phone: _____ Email: _____

Manufacturing Activity *Select all that apply if not Full Assembly* Estimated Production Date: _____

☐ Full Assembly ☐ Partial Assembly ☐ Production Line Testing ☐ ETL Label Application ☐ Other (detail below)

Other Details: _____

Labeling Method: ☐ Purchased from Intertek *Separable Labels* ☐ Obtained from another source *Direct Imprint – Quarterly Licensing Fees Apply* ☐ Non-Labeling Location

Report(s): ☐ All Reports ☐ Select Reports ☐ New Report(s) *Report Number to be determined*

If Select Reports, please specify: _____

Signed By: _____ **Date:** _____

Please return the completed CIS to ETLCertHelpdesk.NA@intertek.com (North America Billing), ap.rfc@intertek.com (Asia Pacific Billing), or etlrlceu@intertek.com (Europe & Middle East Billing), and your local engineering office.

*Please complete the **Change Request Form** if changes are required to an active ETL Follow-up Service (FUS) Account.*