

To Tokyo Shoko Research, Ltd. Product Support

D-U-N-S Number Request Form

Fax to: 03-5221-0712

Company Name: _____

Title: _____ Applicant Name: _____

TEL: _____ FAX: _____

EMAIL: _____ (WRITE IN BLOCK LETTERS)

■ Please fill in the information of the company or individual person which you are requesting a D-U-N-S® Number. The field marked with * is a required.

* **Company Name or Individual person name:** _____

* **Address:** _____

* **TEL:** _____ **FAX:** _____

Year Started: _____ Capital: _____ Yen

Employees: _____ Annual Sales: _____ Yen

Settling Month: _____ CEO Name: _____

* **Line of Business:** _____

* **Contact Information of US Naval, Military and Air Force base in Japan which you are making a**

contract with: _____ Base _____ Division or Department _____

(TEL) _____ (FAX) _____

(EMAIL) _____

=====

Here is Your D-U-N-S Number;

____ - ____ - ____ - ____ - ____ - ____