



CLIENT PROJECT OUTLINE - URIEL CORPORATION

COMPANY NAME:

CONTACT NAME:

PROJECT MGR:

ADR1:

ADR2:

ADR3:

ADR4:

CITY:

STATE:

ZIP CODE:

COUNTRY

TELEPHONE:

URL:

EMAIL:

FAX:

URIEL REPRESENTATIVE:

CONTRACT NUMBER:

DATE:

(Please Continue On The Following Page)

Submit completed form to: management@urielcorporation.com, and or print form and call (708) 598-7314 to arrange fax for submission to Uriel Corporation. Call for assistance with the form.



CLIENT PROJECT OUTLINE - URIEL CORPORATION

COMPANY NAME:

SHIP CONTACT NAME:

PROJECT MGR:

SHIP ADR1:

SHIP ADR2:

SHIP ADR3:

SHIP ADR4:

CITY:

STATE:

ZIP CODE:

COUNTRY

TELEPHONE:

URL:

EMAIL:

FAX:

(Please Continue On The Following Page)

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CLIENT PROJECT OUTLINE - URIEL CORPORATION

COMPANY NAME:	<input type="text"/>
BILLING CONTACT NAME:	<input type="text"/>
PROJECT MGR:	<input type="text"/>
BILLING ADR1:	<input type="text"/>
BILLING ADR2:	<input type="text"/>
BILLING ADR3:	<input type="text"/>
BILLING ADR4:	<input type="text"/>
CITY:	<input type="text"/>
STATE:	<input type="text"/>
ZIP CODE:	<input type="text"/>
COUNTRY	<input type="text"/>
TELEPHONE:	<input type="text"/>
URL:	<input type="text"/>
EMAIL:	<input type="text"/>
FAX:	<input type="text"/>

(Please Continue On The Following Page)

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CLIENT PROJECT OUTLINE - URIEL CORPORATION

Submitter Name:

Submitting Organization Data:

Project Outline ID:

Title:

Subject:

Description:

Plan of Action:

Client Budget Parameters:

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