

Download
 Free Listing Form from
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Form updated by _____ Title _____
 Business/Legal name _____
 Does business as _____
 Business D-U-N-S® number _____
 Address of this location _____ P.O. Box _____
 City _____ P.O. Box City _____
 State _____ P.O. Box ZIP _____ ZIP Ext. _____
 ZIP _____ ZIP Ext. _____ County or Parish _____

IMPORTANT! ↙ Data requested below refers to THIS LOCATION! ↘

Company is a Manufacturer Representative Distributor Sales Office / Service Educational Institution Financial Office
 Corporate Office Only Health Care Facility Restaurant

Phone this location _____ Fax this location _____

Web Address this location or for all _____

Major Products/Services this location (e.g., Hematology Diagnostic Instruments) _____

Major SIC at this location _____ Minor SICs at this location _____

Major NAICS at this location _____ Minor NAICSs at this location _____

Year Established at this location _____

Approximate No. Employees at this location _____ Facility Size Sq. Ft. at this location _____

Who is the Chief Executive/Owner of this location? _____

Mr Ms Name _____ Title _____

Who is in charge of

Operations Mr Ms Name _____ Title _____

MIS/IT Mr Ms Name _____ Title _____

Engineering Mr Ms Name _____ Title _____

Human Resources Mr Ms Name _____ Title _____

Finance/Accounting Mr Ms Name _____ Title _____

Sales & Marketing Mr Ms Name _____ Title _____

Plant Mgt/Production Mr Ms Name _____ Title _____

Purchasing Mr Ms Name _____ Title _____

Maintenance Mr Ms Name _____ Title _____

Quality Control Mr Ms Name _____ Title _____

If this is a Division or Subsidiary, provide name of headquarters or parent company.

Company _____ Phone _____

Address _____

City _____ State _____

Country _____ ZIP _____ ZIP Ext. _____