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 SALES@DIASTUDS.COM

### Company Information Form

The USA Patriot Act, and Bank Secrecy Act legally obligates Diastuds, Inc. to keep the following information on organizations that we have done business with. We kindly ask you to fill out this form and return to us by fax to (888)741-4911 or e-mail to sales@diastuds.com

Type of Organization	<input style="width: 100%;" type="text"/>		
Legal Name	<input style="width: 100%;" type="text"/>		
DBA, If applicable	<input style="width: 100%;" type="text"/>		
Company Address	<input style="width: 100%;" type="text"/>		
City	<input style="width: 200px;" type="text"/>	State	<input style="width: 50px;" type="text"/>
		Zip Code	<input style="width: 100px;" type="text"/>
Mailing Address	<input style="width: 100%;" type="text"/>		
City	<input style="width: 200px;" type="text"/>	State	<input style="width: 50px;" type="text"/>
		Zip Code	<input style="width: 100px;" type="text"/>
Company Phone	<input style="width: 150px;" type="text"/>	Company Fax	<input style="width: 150px;" type="text"/>
Company Email	<input style="width: 100%;" type="text"/>		
Company Website	<input style="width: 100%;" type="text"/>		
Federal Tax Identification Number or SSN	<input style="width: 100%;" type="text"/>		
Year Company was established	<input style="width: 100%;" type="text"/>		
Name of Owner/Principles	<input style="width: 100%;" type="text"/>		
Account Payable Contact	<input style="width: 100%;" type="text"/>		
Trade Organizations (JBT, AGTA)	<input style="width: 100%;" type="text"/>		
Bank Name	<input style="width: 100%;" type="text"/>		
Bank Address	<input style="width: 100%;" type="text"/>		
Bank Phone	<input style="width: 100%;" type="text"/>		
Bank Account Rep.	<input style="width: 100%;" type="text"/>		
Is this company AML (anti-money laundering) compliant pursuant to the USA Patriot Act?	<input type="radio"/> YES <input type="radio"/> NO		
If No, Why?	<input style="width: 100%; height: 30px;" type="text"/>		
If Yes, Name of Compliance Officer	<input style="width: 100%;" type="text"/>		

I certify that the above information is true and correct and I am willing to provide any necessary documentation to confirm the above upon request.

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SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_