OMB Control No.: 0625-0237 Expiration Date: 04/30/2012

Domestic Business Service Provider (BSP) Registration

[Text may vary]

Please complete this form to indicate your interest in participating in the Commercial Service's Business Service Provider Program. A Trade Specialist will review your registration and contact you. Please note that the fee for each Business Service Provider Category is X [fee will vary depending upon market]

Fields marked with * are required.

Contact & Company Information

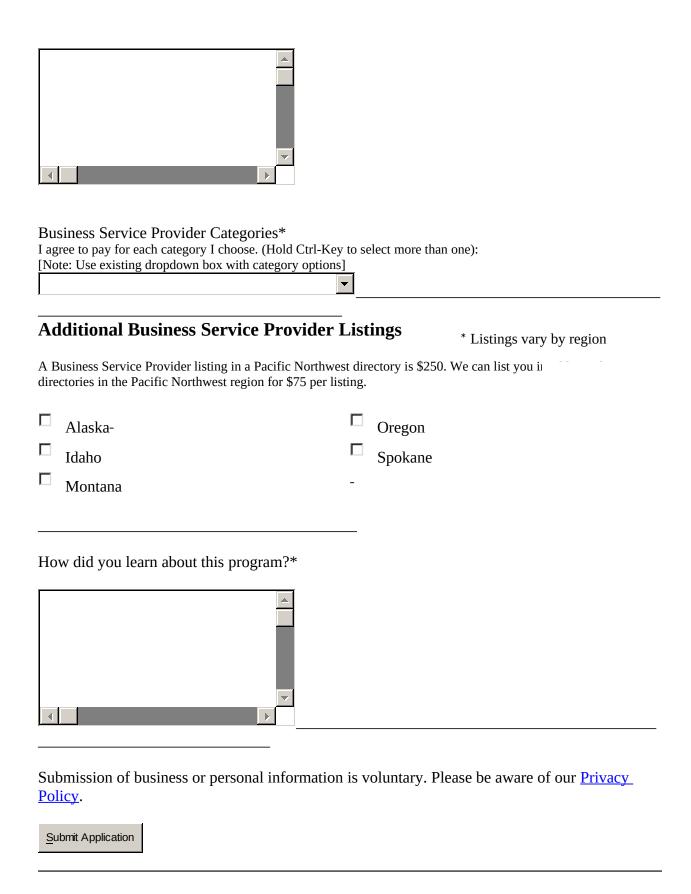
Company Name*
First Name*
Last Name*
Salutation
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Title
Company Address*
City*
State*
Zip Code*
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Web Site	
http://	
Select your industry	
	_▼
Number of employees*	
Select an Employee Range	
Business Service Providers	
	of contact information, if different from above, and company as you would like the information posted on our on-line ry(s).
Contact Name	
Contact Title	
Contact Phone	
Contact Fax	
Contact E-mail Address	
Company Address If different than the address provided abo	ve.
Short Business Service Provider D	escription*

Please try to provide a short description less than 75 characters.

Complete Business Service Provider Description*

Describe your company and the service you provide in 500 characters or less. This description may be edited for length and clarity. Please e-mail an electronic copy of your logo as a.jpg or .gif document (save as web file) with a width of exactly 200 pixels and height of up to 200 pixels to your Commercial Service contact.



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