

ACCOUNT INFORMATION FORM

Ellie's Home's Chapter's Address
 Company Name: INCOSSE Chesapeake Chapter
 Business Address: 6753 Carlinda Ave Attn: Ellie Gianni President
 City: Columbia State: MD Zip: 21046
 Billing Address: P.O. Box 535
 City: Laurel State: MD Zip: 20725-0535
 Telephone: 410 997 3015 Fax: _____
 Email: eleanoraann.gianni@jhuapl.edu
☐ Corporation ☐ Partnership ☒ Proprietorship **NOT-FOR-PROFIT**
 Tax Exempt # (if applicable): 77-8294074 Please provide copy of tax-exempt certificate.
www.incose-cc.org www.incose.org

BANK REFERENCES: (please give account number, bank officer, and telephone as well)

Kent de Jong, Treasurer
treasurer@incose-cc.org

TRADE REFERENCES: (Name, Address, City, State, Zip, Telephone, Fax)

COMPANY OFFICERS:

Name	Title	Years With Firm
<u>Eleanora Ann D. Gianni</u>	<u>President</u>	<u>5</u>
<u>George Anderson</u>	<u>Past President</u>	<u>20</u>
<u>Mike Pafford</u>	<u>President Elect</u>	<u>20</u>

I authorize and approve Tray to request credit information on our firm.

Customer Name (please print) INCOSSE Chesapeake Chapter Title President
 Customer Signature Eleanora Ann D. Gianni Date 1/22/16