



# Accounting Information

Date: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Notice to client:

In the near future we may use paperless billing - where we will e-mail you a PDF document of your invoice. Please note your preference below.



**Paperless billing:**  YES, SEND PDF INVOICES TO EMAILS ABOVE

NO, CONTINUE TO SEND PAPER INVOICES