



Electronic Billing Information Form

Date: _____

Customer Information:

Name: _____ Acct #: _____

A/P Contact: _____ A/P Phone: _____

A/P E-mail: _____

PLEASE SELECT EITHER E-MAIL OR FAX FOR ELECTRONIC BILLING

E-MAIL
MAY SUBMIT UP TO 3 DIFFERENT E-MAIL ADDRESSES

How often do you wish to receive invoices? Daily Weekly

Would you like 1 PDF file per day or each invoice individually? 1 file/day Email each invoice individually

FAX
CAN ONLY FAX INVOICES TO 1 FAX NUMBER

Fax # (including area code) _____

How often do you wish to receive invoices? Daily Weekly

PLEASE SELECT E-MAIL, FAX OR MAIL FOR STATEMENTS-DOES NOT HAVE TO BE THE SAME AS INVOICE DELIVERY METHOD

STATEMENTS

Would you like to receive monthly statements? Yes No

E-MAIL FAX MAIL

E-mail address(es) for statements if applicable:

Fax # for statements if applicable:

Name of customer completing form: _____ Phone #: _____

E-Mail: _____

*****FOR OFFICE USE ONLY*****

Credit Manager: _____

Entered by: _____ Date: _____