

AccuPoint Client Registration Form

Company & Billing Information

Referred By:

Contact Name:

Contact Email:

Company Name:

EIN

Billing Address:

Phone:

Fax:

Billing Email:

Website:

Shipping Preferences

Return Address:

Carrier:

FedEx

UPS

Shipper ID Number:

Service Type (circle):

Priority Overnight

Standard Overnight

2-Day

Ground

Next-Day Air

Next-Day Air Saver

2-Day Select

Ground

Other: _____