

## **Customer Account Payable Set Up Form:**

Please provide the Legal Business name and Address (as they appear on Customer's articles of incorporation, tax documents, etc.) to verify eligibility:

Legal Business Name:

Street Address:

Suite Number, Floor Number, etc.:

State:

Zip Code:

Phone number:

EIN-Federal Tax ID Number

Customer Account Payable Contact Information:

Please fill in the information who to contact for Account Payable (Mandatory):

First Name

Last Name

Email Address:

Phone Number:

**Rep. Information:**

Legal Business Name:

Street Address:

Suite Number, Floor Number, etc.:

State:

Zip Code:

Phone number:

EIN-Federal Tax ID Number

Rep. Contact Information:

First Name

Last Name

Email Address:

Phone Number: