

ADVANCED

BUSINESS EQUIPMENT

CUSTOMER ACCOUNT CONTACT LIST

SHIP TO	BILL TO	<input type="checkbox"/> Check If Same as Shipping
Company Name	Company Name	
Street Address	Street Address	
City, State ZIP	City, State ZIP	

DECISION MAKER (CONTRACT SIGNER) / TITLE		
First Name	Last Name	
Email	Direct #	Ext.

ACCOUNTS PAYABLE (prefer AP@companyaddress.com)		
First Name	Last Name	
Email	Direct #	Ext.

INVOICE METHOD / PREFERENCE	Email <input type="checkbox"/>	Mail <input type="checkbox"/>
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EQUIPMENT CONTACT		
First Name	Last Name	
Email	Direct #	Ext.

METER CONTACT		
First Name	Last Name	
Email	Direct #	Ext.

eINFO CONTACT		
First Name	Last Name	
Email	Direct #	Ext.

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