



# Customer Information Sheet

## Business Information

Company Name: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Accounts Payable

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Person who should receive work reports and invoices: \_\_\_\_\_

## Persons who can authorize work:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person responsible for documentation: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Preference when receiving invoices for remote work:  Mail  Email  Fax.