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# CUSTOMER CONTACT INFORMATION

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

Web Address: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
(if different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**A/P Invoice**

Contact: \_\_\_\_\_ Title \_\_\_\_\_

Contact Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Select Method of Invoice Delivery:

Email PDF \_\_\_\_\_ Fax \_\_\_\_\_ Paper \_\_\_\_\_

*Statements are sent via Email PDF if account is delinquent.*

**A/P Statement**

Contact: \_\_\_\_\_ Title \_\_\_\_\_

(if different than A/P Invoice contact)

Contact Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Accounting Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Main Purchasing Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternate Purchasing Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Purchase Orders Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Packing Slips Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Delivery Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Customer will pick up? Yes \_\_\_\_\_ No \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Additional Information: \_\_\_\_\_

Are you a Reseller? If so, please fill out and attach AZ Form 5000A

Name of Person Completing Form \_\_\_\_\_ Title \_\_\_\_\_