



8405 NW 29th St., Doral, Florida 33122  
Toll Free: 877-470-8013 / Facsimile: 305-470-8016

## BILLING INFORMATION FORM

This Form Must Be Filled And Returned

### BILLING INFORMATION

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City, State : \_\_\_\_\_  
Zip : \_\_\_\_\_

**Tax ID** : \_\_\_\_\_  
If exempt, please provide a copy to us.

### ACCOUNT PAYABLE

Contact Name : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_  
Email : \_\_\_\_\_

Supervisor Name : \_\_\_\_\_

If there is any additional information that may be relevant, please let us know.

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