

# NEW ACCOUNT FORM



## CLIENT INFORMATION

Company/Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Email \_\_\_\_\_ Contact Phone # \_\_\_\_\_

## ACCOUNTS PAYABLE INFORMATION

Representative \_\_\_\_\_  
Address (If different than above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Contact Email \_\_\_\_\_ Contact Phone # \_\_\_\_\_

## REPORT DISTRIBUTION (Please indicate the default recipient of sample reports along with contact information if not provided above.)

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## DIGITAL EMAIL REPORT FORMAT (Please mark)

PDF      Excel      Other (please specify) \_\_\_\_\_

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