



871 Seven Oaks Blvd, Suite 220
Smyrna, TN 37167
615.890.9405 *phone*
615.890.3500 *fax*
elrodllc.com

New Client Form

We are so very excited to begin working with you and your company. To ensure that we have the correct information within our system, please fill out the following form and return it to us. This will help eliminate issues at the time of billing.

If a W-9 is needed, please let us know and we will send you a current version.

Company Information

Company's Name: _____

Company Billing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____

Do you have multiple office locations? _____ YES _____ NO

*If yes, please list those offices and their addresses below.

Additional Billing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____

Additional Billing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____

Accounts Payable & Receivable Information

Billing Contact Personnel: _____

Billing Email Address: _____ Billing Contact Phone Number: _____

NET Terms: _____

Are there additional personnel to be copied on invoice submittals: _____ YES _____ NO

If yes, please list all email addresses:

Are you active on social media? If so, we'd love to partner with you on completed projects. Please list the social media accounts you actively participate in and their handles.
