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## **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's Name:  Company Billing Address:  City: State: Zip Code:  Office Phone Number:  Do you have multiple office locations?YESNO  *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:  Billing Contact Personnel:  Accounts Payable & Receivable Information  Billing Email Address: Billing Contact Phone Number:  NET Terms:  Are there additional personnel to be copied on invoice submittals:YESNO	Company Information				
City: State: Zip Code: Office Phone Number:  Do you have multiple office locations?YESNO  *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:	Company's Name:				
Office Phone Number:	Company Billing Address:				
Do you have multiple office locations?YESNO  *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:  Billing Contact Personnel:  Billing Contact Personnel:  Billing Email Address: Billing Contact Phone Number:	City: State: Zip (	Code:	-		
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NET Terms:	Billing Contact Personnel:				
	Billing Email Address:	_ Billing Contact Phon	ne Number:		
Are there additional personnel to be copied on invoice submittals:YESNO	NET Terms:				
	Are there additional personnel to be copied on invoice so	ubmittals:YES	NO		
If yes, please list all email addresses:	f 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 active in and their handles.		er with you on complete	d projects. Please lis	t the social media accounts	you actively