CLIENT INFORMATION FORM

Company Contact Information

Business Name: _____

DBA/Trade Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Federal Tax ID: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Preferred Method of Billing Statements

☐ **Emailed/Paperless** *or* ☐ **Mailed & Emailed**

Billing Contact Information

☐ **(Same Contact)**

Accounts Payable Contact Name: _____

Accounts Payable Contact Email: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Client Signature

By signing this form, I authorize that all the information provided above is accurate & current.

Client Signature: _____

Print Name: _____ **Title:** _____

Date Signed: _____

LAS VEGAS BILLBOARDS

EST. 1987

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