



**BILLING ACCOUNT APPLICATION**  
**FAX 617-357-1858**  
**PHONE 617-357-6861**



**COMPANY INFORMATION**

CORPORATE NAME: _____		
ADDRESS: _____	FLOOR: _____	
CITY: _____	STATE: _____	ZIP: _____
TAX EXEMPT? NO _____ YES* _____ <i>*MUST FAX CERTIFICATE OF EXEMPTION</i>		

**BILLING CONTACT PERSON**

NAME: _____	PHONE: _____
ADDRESS: _____	FAX: _____
CITY: _____	STATE: _____ ZIP: _____
EMAIL: _____	

**APPROVED USERS**

NAME: _____	PHONE: _____
EMAIL: _____	
NAME: _____	PHONE: _____
EMAIL: _____	
NAME: _____	PHONE: _____
EMAIL: _____	
NAME: _____	PHONE: _____
EMAIL: _____	
NAME: _____	PHONE: _____
EMAIL: _____	