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New Client Account Information

Requesting Party Contact Information	
Company Name	
Contact Name	
Department	
Phone	
Email	
Address	<hr/> <hr/>
Additional Email Contacts for Reporting	
Accounting Information	
Accounts Payable Contact	
Phone	
Email	
Billing address	<hr/> <hr/>
Controller Name Phone Number	
Payment Terms	Due on Receipt

Prepared By: _____ Date: _____

ACCU Use Only:

Verified By:

Signature:

Date: