



advanced network systems

New Public Sector Client Information

Please complete all requested information for each location.

Shipping Information

Organization Name:	
Physical Address:	
City, State, Zip:	
Located in the County of:	
Phone:	Fax:
Primary Business Contact:	Email:
<input type="checkbox"/> check to have Primary Business Contact copied on all invoices	
Additional Contact:	Email:
<input type="checkbox"/> check to have Additional Contact copied on all invoices	

Billing Information

Billing Address: <i>(if different from shipping address)</i>	
City, State, Zip:	
Primary Billing Contact:	Email:
Billing Phone:	Fax:
Tax ID Number:	
Tax Exempt ID Number:	
<i>Please attach a current tax exemption certificate.</i>	

I certify that to the best of my knowledge, the information on this form is correct. I authorize Advanced Network Systems to deliver invoices and statements via email, using the information provided above.

Name:	
Title:	Date:

Email completed form to bstanley@getadvanced.net, or fax to 434.220.8655.

Advanced Network Systems, Accounting Department
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