



Customer Information For New Account

Please complete all requested information for each location

Shipping Information:

Company Name: _____

Company Address: _____

City, State, Zip: _____

Located In the County of: _____

Phone Number: (____) ____ - _____ Fax Number: (____) ____ - _____

Primary Business Contact: _____ E-mail Address: _____

Please acknowledge if Primary Contact should be copied on all invoices

Additional Contact: _____ E-mail Address: _____

Please acknowledge if Additional Contact should be copied on all invoices

Billing Information:

Billing Address: (if different from shipping) _____

City, State, Zip: _____

Primary A/P Contact: _____

Primary A/P Contact Email: _____

Phone Number for AP Inquiries: (____) ____ - _____

Fax Number for Invoicing: (____) ____ - _____

Tax ID Number: ____ - _____

Tax Exempt ID Number: _____
(Please attach a current tax exempt certificate.)

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 and in PDF format, using the information provided above.

Name: _____ Title: _____

Please email completed form to: bstanley@getadvanced.net or fax to: 434-220-8655
Advanced Network Systems, PO BOX 7222, Charlottesville, VA 22906
AR Direct: 434-220-8166 Main: (800) 639-6757