



**NEW CLIENT INFORMATION**

<b>Company Name</b>	
<b>Address (Street)</b>	
<b>Address (City, State, Zip)</b>	
<b>Client Contact:</b>	
<b>Name</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Account Payable Contact:</b>	
<b>Name</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Invoice Submission:</b>	
<b>PO Number (Yes/No)</b>	
<b>Documents Required (Yes/No)</b>	
<b>Email to send Invoices</b>	
<b>Additional Notes/Instructions:</b>	

*\*\*Please send completed document to Sales@AMPROteam.com\*\**