

Customer Billing and Invoicing Setup Form

Please complete this form to establish your billing profile and invoicing preferences. This document is formatted for printing and manual file record-keeping.

1. Customer Information

Company / Customer Name:	<input type="text"/>
Primary Contact Person:	<input type="text"/>
Contact Email Address:	<input type="text"/>
Contact Phone Number:	<input type="text"/>

2. Billing and Mailing Address

Street Address:	<input type="text"/>
Suite / Apartment / Unit:	<input type="text"/>
City:	<input type="text"/>
State / Province / Region:	<input type="text"/>
Postal / ZIP Code:	<input type="text"/>
Country:	<input type="text"/>

3. Invoicing and Tax Details

Tax ID / VAT Number:	<input type="text"/>
Preferred Payment Currency:	<input type="text" value="e.g., USD, EUR, GBP"/>
Payment Terms:	<input type="text" value="e.g., Net 30, Net 60, Due on Receipt"/>
Preferred Payment Method:	<input type="text" value="e.g., ACH, Credit Card, Wire Transfer"/>

4. Invoice Delivery Preferences

Invoice Delivery Email:	<input type="text" value="e.g., accountspayable@company.com"/>
Invoicing Frequency:	<input type="text" value="e.g., Monthly, Weekly, Per Milestone"/>
Special Invoicing Instructions:	<input type="text" value="e.g., Include PO Number, Attention to Name"/>

5. Authorization and Sign-Off

By signing below, the customer representative authorizes the billing setup details provided above.

Authorized Representative Name:	<input type="text"/>
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Title / Role:	<input type="text"/>
Signature (Write Above):	<input type="text" value="Sign here upon printing"/>
Date (MM/DD/YYYY):	<input type="text"/>

For Internal Finance Use Only: Account Manager: _____ | Date Setup Completed: _____ | Approved By: _____