

**ELECTRONIC BILLING
QUESTIONNAIRE**

NEW _____ **CHANGE** _____ **ADD** _____

COMPANY NAME: _____

CLIENT ID#: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____

(We recommend a generic email address be used as this will be the only communication you receive notifying you that an invoice(s) are ready for viewing/printing/paying from our web tool. It will be your responsibility to update us on any email changes.)

ACCOUNTS PAYABLE CONTACT PERSON: _____

A/P TELEPHONE: _____ **FAX#** _____

PLEASE RETURN VIA EMAIL (accounting@istc.net) or VIA FAX 409-721-6580

ISTC Office Use Only:

Date received: _____ Date verified: _____

By: _____