



ACCOUNT PREFERENCES

Please use this form to modify your account preferences. Complete only the section(s) that you wish to make changes. If you have any requests that are not addressed by this form, please contact our Accounts Receivable department and we will do our best to help.

Customer Name	Customer Acct#
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Billing Information

Do you wish to have prices printed on your shipping tickets?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are purchase orders issued?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to accept back orders?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are release numbers issued?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you would like to receive advance shipment notices, please enter the email address below.

Who is our primary contact for billing purposes? (name of individual)	Billing Contact Office Phone Number
What is the billing contact's email address?	Billing Contact Fax Number

In lieu of mailing paper invoices, please send invoices to: (email address or fax#)

In lieu of mailing paper statements, please send statements to: (email address or fax#)

Authorized Buyers

Please list any individuals who are authorized to purchase on your account. If you have more than three authorized buyers, please provide this list of individuals on a separate page.

1) Name of Authorized Buyer	Limit (if applicable)	\$		
Email	Allow to place orders?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number	Allow online access to payment history?			Yes <input type="checkbox"/> No <input type="checkbox"/>
2) Name of Authorized Buyer	Limit (if applicable)	\$		
Email	Allow to place orders?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number	Allow online access to payment history?			Yes <input type="checkbox"/> No <input type="checkbox"/>
3) Name of Authorized Buyer	Limit (if applicable)	\$		
Email	Allow to place orders?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number	Allow online access to payment history?			Yes <input type="checkbox"/> No <input type="checkbox"/>
4) Name of Authorized Buyer	Limit (if applicable)	\$		
Email	Allow to place orders?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number	Allow online access to payment history?			Yes <input type="checkbox"/> No <input type="checkbox"/>
5) Name of Authorized Buyer	Limit (if applicable)	\$		
Email	Allow to place orders?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number	Allow online access to payment history?			Yes <input type="checkbox"/> No <input type="checkbox"/>

The undersigned representative warrants that he or she is authorized to modify the account as requested above.

X	Authorized Signature	Please Print Name & Title	Phone#	Date
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