Cetis

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Account Update Request Form

Return to: AR@cetisgroup.com

Company: _____

Physical Address: _____

Number and Street *City* *State* *Postal* *Country*

Billing Address: _____

Number and Street *City* *State* *Postal* *Country*

Main Phone: _____ Toll Free: _____

Main Fax: _____ URL: _____

Main Contact: _____ Title/Dept: _____

Phone/Ext: _____ Email: _____

A/P Contact: _____ Title/Dept: _____

Phone/Ext: _____ Email: _____

Email for order confirmation: _____

Email for tracking/shipping confirmation: _____

Please select method to receive invoices. Postal Mail ☐ OR Email (see below) ☐

Email to send invoices to: _____

This information is being requested for placement in your permanent account file. By providing this information you are authorizing updates to your account record. This information will remain on file until expired or upon request from the account holder. This information is voluntary and highly confidential.