



CUSTOMER INFORMATION FORM

General details			
Company Name:			
Building address:			
Phone number:		Fax number:	
Emergency contact			
In case of a hazard emergency (vandalism, fire, flooring, etc.) the following people will be immediately notified.			
Primary contact: (first and last name)		After hours phone number:	
Secondary contact: (first and last name)		After hours phone number:	
Additional contact*: (first and last name)		After hours phone number:	
Billing			
Billing address:			
	<input type="checkbox"/> Use <i>Building address</i>		
Accounts Payable contact:			
Accounts Payable email address:			
Invoices will be sent the following way:			
<input type="checkbox"/> Via postal mail Send to the <i>Billing address</i> indicated above			
<input type="checkbox"/> Via email Send to the <i>Accounts Payable Email Address</i>			

* Optional

The Customer agrees that the above information may be shared with Buzz Brite management and authorized employees, whenever the circumstances require. Buzz Brite may keep this information in a secure cloud filing system.

SIGNED _____ Date: _____
(Authorized representative of company receiving services)

PRINTED NAME: _____

POSITION: _____