Analytics Corporation

10329 Stony Run Lane Ashland, VA 23225 800-888-8061



Account Set Up Information (return to cservice@analyticscorp.com)

BILLING INFORMATION			
Compa	ny name:		
Address	s:		
Telepho	one number:		
Fax nur	mber:		
	responsible for ng invoice:		
Contact	Person:		
E-Mail A	Address:		
REPORT INFORMATION			
Compa	ny name:		
Address	3:		
Telepho	one number:		
Fax number:			
Contact Person:			
Email Address:			
Special instructions			
SHIPPING INFORMATION (PHYSICAL ADDRESS ONLY. NO PO BOX NUMBERS)			
Company name:			
Address:			
Telephone number:			
Fax number:			
Contact Person:			
Email address:			
PLEASE ANSWER THE FOLLOWING QUESTIONS (REQUIRED INFORMATION)			
	Does your company red	quire a Purchase Order?	
	Do you prefer to have your invoice emailed? If yes, please provide email address.		
	Please provide a contact name, phone number and email address for inquiry's pertaining to Past Due Invoices		
П	Would you like to keep a credit Card on File?		