

Billing Information Form

1631-1 Sycamore Ave. Bohemia, NY 11763 1-800-255-6085 Fax: 631-563-8073 www.plaquesandsuch.com billing@plaquesandsuch.com

1	Plaques and Such Order # (s)	
	. ,	

2 To Be Paid By

ON.

YOUR O	ORDER WILL NOT SH	P WITHOUT TH	IS INFORMATION
Please chec	ck most appropriate:		
PO/AS	SB#		
OR (only)	if you are not using a PO for	this order at all)	
	·	·····	
	urer/Bookeeper: on who holds the checkbook/credit card	for the account)	
Name		Phone	
Email			
	Is this a (check best fit): Booster	Hengriment	rsonal count
	CLICK HERE TO	EMAIL YOUR	INFO

(If you DO NOT get a reply within one business day, please assume we DID NOT get your info and resend)

IF YOU HAVE A PROBLEM REPLYING VIA THE BUTTON ABOVE:

Please print out the form and fax to 631-563-8073 or reply to the email this form was attached to with the requested information typed out in the body of the email. If you have filled out the form in the past and the information has not changed all we need is a note from you requesting we use the same information as last time and indicate an order number and date.

Please check over the contact info, due dates, and order details form your attached order and email any and all corrections to Lorena via accountinfo@plaquesandsuch.com She is also available via phone: 1800-255-6085 ext. 10.

If this order is for an event or banquest please confirm that date with us.

This form is completely unconnected to any and all art proof(s).

Please DO NOT PAY until you receive a bill clearly marked with "INVOICE"