



70 Easton Road  
Brantford ON, N3P 1J5  
Phone: 800-361-9494  
Fax: 800-361-9967

## REQUEST FOR BILLING INFORMATION

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**NOTE: TO ENSURE ACCURATE BILLING, PLEASE COMPLETE THE ENTIRE FORM & SIGN. NOTE THIS IS NOT A CREDIT APPLICATION**

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**Name of Company:** \_\_\_\_\_

**Legal Name (if different):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**H.S.T. Number:** \_\_\_\_\_

**Email Invoice(s) to:** \_\_\_\_\_

**Contact regarding credit matters:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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**Other key contacts, I.E. project contact, backup:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Estimated Monthly Billings:** \_\_\_\_\_

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We agree to inform InvestorCOM Inc. in writing, of any change of ownership and/or name. We agree to pay all invoices according to agreed upon terms. We attest that our financial condition is solvent and we can meet all present obligations. We hereby certify that all information to be true and authorize a representative of InvestorCOM Inc. to verify any or all of the information provided.

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_