



### Accounts Receivable Information Sheet

Company Legal Name: \_\_\_\_\_

AR Contact Name: \_\_\_\_\_

AR Contact Phone Number: \_\_\_\_\_

AR Invoicing E-mail: \_\_\_\_\_

AR Inquiry E-mail: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Paper Check Remittance Address (bank lockbox):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACH Remittance Address:

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Account Name: \_\_\_\_\_

ABA/Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Swift Code: \_\_\_\_\_

Check if there are fees for using a Credit Card Federal ID Number : \_\_\_\_\_

Please sign below:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Secondary Contact Person for Verification Purposes:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

\_\_\_\_ Properly completed tax form

\_\_\_\_ TIN Verification

\_\_\_\_ OFAC Verification (if applicable)

Approved by:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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