

2345 NW NICOLAI STREET, PORTLAND, OREGON 97210 PH: 503-236-1195, SALES FAX: 503-236-4314, BILLING FAX: 503-235-5057 WWW.DEALERSSUPPLY.COM INFO@DEALERSSUPPLY.COM

Dear Valued Customer: In order to keep pace with your business needs, we have acquired the ability to offer options to forward your invoices to you daily, via fax or email. Statements can be forwarded to you via the same method, once a month. Please fill out the information below, as to how you would like to receive both invoices and statements. Without a response on file, your invoices will be mailed to you at month-end with your monthly statement enclosed.

Company Name:	Contact Person:
DAILY INVOICES	Please fax invoices daily to: #
	Please E-mail invoices daily to: (up to 2 email addresses) Email #1:
	Email #2:
STATEMENTS	Please fax STATEMENT to: #
	Please E-mail STATEMENT to: (up to 2 email addresses) Email #1:
	Email #2:
BILLING	☐ ALL INVOICES REQUIRE A PURCHASE ORDER NUMBER
	☐ ALL INVOICES REQUIRE A JOB NAME
	☐ ALL INVOICES REQUIRE A PRINTED SIGNATURE

PLEASE FAX BACK ALL RESPONSES TO 503-235-5057, OR EMAIL AR@DEALERSSUPPLY.COM