



CARDLOCK CONTACT & INVOICING INFORMATION

Date: _____ Account#: _____ Company Name: _____
Main Phone:(____)_____ Main Fax:(____)_____
Main Address:_____ City:_____ State:_____
Zip:_____ Website: _____

Please Note: the above address will be the card mailing address. If you would like cards to be mailed to a different address, please let us know.

Cardlock Contact Information:

Cardlock Contact Name: _____ Title: _____
Phone:(____)_____ Fax: (____)_____
Cell: (____)_____ email: _____

Primary Authorized Signature: _____

Additional Cardlock contacts*? Yes No

*A person named as a contact or an additional contact on the cardlock account will have access to pin numbers, locking lost or stolen cards, ordering new cards, changing card profiles and anything else that may pertain to a cardlock account.

-Additional Contact: _____ Title: _____
Phone:(____)_____ Fax: (____)_____
Cell: (____)_____ email: _____

-Additional Contact: _____ Title: _____
Phone:(____)_____ Fax: (____)_____
Cell: (____)_____ email: _____

-Additional Contact: _____ Title: _____
Phone:(____)_____ Fax: (____)_____
Cell: (____)_____ email: _____

I would like to receive Cardlock Invoices by: (you may select more than 1 method)

Email _____ Fax:(____)_____
 _____ (Billing Fax number with area code)
(You may use more than 1 email address)

Accounts Payable Information:

A/P Contact: _____ Phone:(____)_____
Fax: (____)_____ email: _____

Name and title of person completing this form: _____

| | |
|---------------------------------|----------------|
| Office Use Only | |
| Date _____ | Initials _____ |
| <input type="checkbox"/> CFN | _____ |
| <input type="checkbox"/> Advent | _____ |
| Comments _____ | _____ |
| _____ | _____ |