



Billing Document Specialists
New Client Information



Company Information

Company Name _____ TID# _____
Address _____ City _____ State _____ ZIP _____
Primary Contact _____ Phone () - _____ Fax () - _____
Alternate Contact _____ Phone () - _____ Fax () - _____
Billing Contact _____ Phone () - _____ Fax () - _____
E-Mail _____

Statement & Envelope Stock Information

Statements

Custom Statement Forms? _____ Yes _____ No If yes, will client provide statement stock? _____ Yes _____ No
Style Amount
If no, please complete info for standard statement stock: 101 _____
Please see samples included in packet 201 _____ Credit Cards? ___ Visa ___ MC ___ AmEx ___ Disc
401 _____
If a message is to be included on statements, will it be standard or changed monthly? _____ Standard _____ Monthly Change
If appropriate, do you wish dunning messages added to statements? _____ Yes _____ No If yes, trigger? _____
Statement Frequency? _____ Monthly _____ Weekly Approximate number of statements monthly? _____
Will you be adding your logo to your statement? _____ Yes _____ No If yes, please submit in .tif, .gif or .jpg format
Bar code to be included on statements? _____ Yes _____ No Bar graph showing usage to be included? _____ Yes _____ No
Will you be including insert or flyers with your statements? _____ Yes _____ No If yes, frequency? _____ Monthly _____ Occasionally

Envelopes

Custom # 10 Envelopes? _____ Yes _____ No If yes, will client provide envelopes? _____ Yes _____ No
Custom # 9 Envelopes? _____ Yes _____ No If yes, will client provide envelopes? _____ Yes _____ No
Style Amount
If no, please complete info for standard envelope stock: #10 Double Window Envelope _____
#9 Single Window Envelope _____

Mailing Options

Address correction requested / Return service Requested _____ Yes _____ No
Fast Forwarding service requested _____ Yes _____ No

Submitted by: _____

Date: _____

Accepted by: _____

Date: _____