



Bill Trust Option

Email Invoices

Customer Information

Customer Name

Customer No.

Contact Information (Up to 3 Email addresses)

Accounts Payable Contact
Name

Email address #1:

Email address #2:

Email address #3:

Bill To Address

City

State

Zip Code

*****Please send this form back to ar@ulegrp.com*****

We value your continued business and look forward for this opportunity to provide you with superior service for all your accounting needs.