



ACCOUNT SETUP FORM

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

USCG Vessel # _____ Email _____

Billing Address _____

City _____ State _____ Zip _____

CONTACTS

Designated Employer Rep (DER) (Negative and Positive Results, Random lists, Invoices)

(Name & Title)

Phone # _____ Ext. _____ Fax # _____

e-mail address _____

Alternate DER (Contacted when Primary DER is unavailable)

(Name & Title)

Phone # _____ Ext. _____ Fax # _____

e-mail address _____

Billing Contact (Person responsible for receipt of all invoices)

(Name & Title)

Phone # _____ Ext. _____ Fax # _____

e-mail address _____

Fax completed form to **215-540-3923**

INTERNAL USE ONLY

PC	_____	_____	REVS/S	_____	_____
ACCT	_____	_____	AR SCHED	_____	_____
COPY	_____	_____	LABAGE	_____	_____
MISC	_____	_____	QB	_____	_____