

SEMITORR GROUP, INC  
CUSTOMER CONTACT INFORMATION

In an effort to ensure that invoices are routed correctly, please complete the following:

**Accounts Payable Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Invoices to be: (CIRCLE ONE)                      MAILED                      EMAILED                      PORTAL

Invoices to be emailed to: \_\_\_\_\_

Statements to be: (CIRCLE ONE)                      MAILED                      EMAILED                      PORTAL

Statements to be emailed to: \_\_\_\_\_

**Billing Information**

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**If you are tax exempt, please attached a current completed tax exempt certificate. Orders will include taxes if a valid certificate is not on file.**

**Remittance Information**

**ACH:**  
**Bank of America**  
**Routing#: 323070380**  
**Account#: 485010375560**

**Mail:**  
**Semitorr Group Inc.**  
**10655 SW Manhasset Drive**  
**Tualatin, OR 97062**