



CUSTOMER CONTACT INFORMATION

To be assured of receiving important product announcements, please help us to update our customer records by completing the following and returning to:

Laurie Wenz
Fax: 800-223-6869
Email: lwenz@andvre.com

Company Name* (As it is to appear on statements)

Bill To Address* (Mailing Address / City / State / Zip / Country)

Ship To Address* (Shipping Address / City / State / Zip / Country)

Telephone*

Facsimile*

Website*

AV Customer No.

AV Sales Representative

AV Salesman No.

Preferred Method of Shipping*

Customer Price Increase Contact

To be notified of all price increases. We request email address so you are assured of receiving prompt notification.

First*

Last*

Title*

Email*

Customer Market Update Contacts

Will receive market updates and announcements sent via email only.

First*

Last*

Title*

Email*

First

Last

Title

Email

First*

Last*

Title*

Email*

First

Last

Title

Email



Customer Additional Contact Information

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First* | Last* | Title* | Email* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Last | Title | Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First* | Last* | Title* | Email* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Last | Title | Email |

Customer Accounts Payable Contact Information

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First* | Last* | Title* | Email* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Last | Title | Email |

Online Ordering Customer Registration

| | | | |
|----------------------|----------------------|------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Preferred User ID* | Preferred Password* | Contact Name (First & Last)* | Email Address* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Preferred User ID* | Preferred Password* | Contact Name (First & Last)* | Email Address* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Preferred User ID* | Preferred Password* | Contact Name (First & Last)* | Email Address* |

Please check all that describe your business:

| | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Tag, Tape, Label | <input type="checkbox"/> Comm Pltmkr | <input type="checkbox"/> Business Form |
| <input type="checkbox"/> Envelope | <input type="checkbox"/> Offset | <input type="checkbox"/> Narrow Web |
| <input type="checkbox"/> Corrugated | <input type="checkbox"/> Stamp Shop | <input type="checkbox"/> Wide Web |