



Customer Billing Contact Update Form

Company/CustomerName: _____ (required)

Customer Account Number: _____ (required)

Billing Information (please check appropriate box below so we can accurately process your request)

Update Primary Billing Contact

Add Secondary Billing Contact

Remove Secondary Billing Contact

Billing Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

PhoneNumber: _____

EmailAddress: _____

Name of Contract Holder: _____ Title: _____

Signature of Contract Holder: _____ Date: _____

Fax completed form to 425-277-8273 or email to billing@erado.com