



Company Contact information

Company Name	
Accounts Payable Manager Name	Accounts Payable E-mail address
Telephone Number	Fax Number
Sales Representative Name (optional)	

Enter your 7-digit account number(s) below (At least one Wholesale Account number is required, up to a maximum of 10)

Account #	Description	Account #	Description

E-Invoice Administrator

Administrator - access to all the above accounts and reports for those accounts)
(Can add and edit other user accounts within the same company)

Full Name	
Accounts Payable E-mail address	
Telephone Number	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French

User Authorization Sign Off

I hereby authorize the above named party to access the account(s) named in accordance with the terms and conditions of the E-invoice History [Online Services Agreement](#).

Full Name _____

I agree to the above statements

E-Invoice history Information and Agreement Sign Off

View the E-Invoice History legal information and agreement

I am an authorized signing officer of the company and I have the authority to bind the corporation.
By checking "I agree", I acknowledge that I have read and agree to the terms set forward in the E-Invoice history legal information and agreement

Full Name _____

I agree to the above statements