



Email Invoicing Set-Up Request Form

Customer Account Information:

Customer Name: _____

Account number	Name (dba)	Address	City, State Zip

Email Invoicing Options (please mark one):

Email invoicing (replaces paper invoicing)

Excel invoicing (contains links to images in excel file and replaces paper invoicing)

Invoicing Schedule (please mark one):

Daily

Weekly (Friday distribution)

Email address(es) for invoice delivery:

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Requestor contact information:

Name:	
Email address:	
Phone Number:	

Please send completed request form to einvoice@aaacooper.com. If you have any additional questions or feedback regarding these new billing options, please contact einvoice@aaacooper.com.