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Client Account Form

Billing/Primary Contact

Bill To: _____

Primary Contact Name: _____

Billing Address: _____

City, Prov, Postal Code: _____

Phone/Fax: _____

Mobile: _____

E-mail: _____

WWW: _____

Other/Admin/Secondary Contact

Name: _____

Address: _____

City, Prov, Postal Code: _____

Phone/Fax: _____

E-mail: _____

Primary IT Contact (if applicable/different)

Name: _____

Address: _____

City, Prov, Postal Code: _____

Phone/Fax: _____

E-mail: _____