

**QMSF-1219 Customer AP Information Update Form**

Rev. 1.0

Effective date: 09/22/2022

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Not controlled in hard copy

Document available electronically QMSF-1218

As a bi-yearly practice, we are currently updating our accounting data base to better serve you, please take a moment to complete this form to update your account information. If you require assistance or have questions please contact us at 860-667-4400 EXT 1121 or AR@lynnwelding.com

Company Name:
Billing Address:
City:

Phone No:
Fax No:
State: Zip Code:

☐ Shipping address same as billing if not fill below

Shipping Address:
City:

State: Zip Code:

Accounts Payable Contact: Phone Number:
Email:

Valid Email Address or Fax Number to Send Invoices to:

Purchasing Department

☐ No Change (Disregard below)

Buyer Contact: Phone Number:
Email:

Company Officers

☐ No Change (Disregard below)

President: Phone Number:
Email:

Vice President: Phone Number:
Email:

Controller/Treasurer: Phone Number:
Email:

Any of the following changes in the past 6 months:

- ☐ Type of business (*Corp, Inc, LLC...etc*)
- ☐ Company Ownership
- ☐ Payment System (ACH, Credit Card, Check...etc.)
- ☐ No. of Employees

Athorized Signature _____

Date _____

Thank you very much for supporting Lynn Welding on keeping our records accurate.

- AR Department