

CUSTOMER INFORMATION UPDATE

Date _____

Customer Name _____

Customer Address 1 _____

Customer Address 2 _____

City _____ State ____ ZIP+4 _____ - _____

Fill in as appropriate if you are outside the U.S.

Phone number _____ - _____ - _____ Fax number _____ - _____ - _____

Main Contact Name _____ Title _____

Phone # _____ - _____ - _____ e-mail address _____

Desired log-in _____ Desired password _____

Sales Contact Name _____ Title _____

Phone # _____ - _____ - _____ e-mail address _____

Desired log-in _____ Desired password _____

Payables Contact Name _____ Title _____

Phone # _____ - _____ - _____ e-mail address _____

Desired log-in _____ Desired password _____

Business Type (circle all that apply) 2 Way Radio Dealer Paging Carrier

Paging Reseller Government Agency Value Added Reseller(adds paging items to/sells with another product)