



## ACCOUNTING INFORMATION SHEET

### CLIENT CONTACT INFORMATION:

Company Name: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company website: \_\_\_\_\_

### ACCOUNTING INFORMATION:

Do you use a third party billing (Vendor Management System): Yes  No

Accounts Payable Contact Name: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

***Please forward this completed form to [Accounts\\_Receivable@dystaffing.com](mailto:Accounts_Receivable@dystaffing.com), along with a W-9 form.***