



New Customer Account Form

Company Info

Company Name: _____

Phone Number: _____

Main Address

Billing Address

Address

Address

City, State Zip Code

City, State Zip Code

Contacts

Primary contact

Name: _____ Title: _____

Email: _____ Phone: _____

Secondary contact

Name: _____ Title: _____

Email: _____ Phone: _____

AP Contact

Name: _____ Title: _____

Email: _____ Phone: _____

Payment (Optional)

Select payment options below :

Credit Card

Check

Bank Transfer

AGQ will bill your company 15 days after the report is sent. AGQ will follow up with additional information if needed.