



We always want to make sure we have the most updated contact information for our customers. If anything has changed or you would like to enroll in Autopay or have your invoices emailed to you, please fill out the portions below.

UPDATED CONTACT INFORMATION

Billing Address & Contact information	
Customer/Company Name	
Street	
Unit/PO Box	
City	
State & Zip	
Phone Number	
Mobile Number	
Alt Contact Number	
Business Contact	
Accounts Payable Number	

PAPERLESS

PLEASE SEND MY INVOICE VIA EMAIL TO _____

AUTOPAY – ACH

I authorize CAS to have my bank account automatically charged the payment of all recurring charges as payments become due as set forth above for the term of this agreement. I agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from CAS at least 10 days prior the payment being collected.

Account Name:	
Account Number	
Routing Number	
Bank Name	
Billing Address:	
City, State, Zip	

SIGNATURE: _____ **DATE:** _____