



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 – CREDIT CARD**

I authorize CAS to have my credit card 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.

Cardholders Name:	
Card Number:	
Expiration Date:	
CCV Code:	
Billing Address:	
City, State, Zip	

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_