



Customer Name: _____

Account Number: _____

Effective Date: _____

Choose method of receipt:

_____ FAX (provide fax number including area code) _____

_____ EMAIL (provide email address) _____

Email account holder name _____

Authorized by (print name): _____

Signed: _____

Date: _____

***** Note: You will not receive a second copy of the delivery ticket when invoices are faxed or emailed**