



Rogers Imaging Corporation  
17 Erie Drive, Natick, MA 01760  
781-453-0499  
www.rogersimagingcorp.com

## New Client Information

Please provide the following information to Rogers Imaging Corporation's Account Receivable Department.

**Company Name (Must match Tax Documents)**

\_\_\_\_\_

**EIN (Tax ID):** \_\_\_\_\_

**Street address** \_\_\_\_\_

**PO Box (optional):** \_\_\_\_\_

**City:** \_\_\_\_\_

**Region (State or Province)** \_\_\_\_\_

**Postal Zip Code:** \_\_\_\_\_

**Country** \_\_\_\_\_

**If different remit to address** \_\_\_\_\_

\_\_\_\_\_

**Project Contact Name (Main Contact)** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Project Manager (If differs from main contact)** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Accounts Payable Contact Name** \_\_\_\_\_ **(Contact to receive invoices)**

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Please indicate preferred payment method (EFT/Wire, Check, Credit Card):**

\_\_\_\_\_

Please send the completed form to [rarogers@rogersimagingcorp.com](mailto:rarogers@rogersimagingcorp.com)