



Customer Information Update Form

Please submit a completed copy of this form with your order to Advantage Technologies, Inc.

Main Contact

Name: _____ Phone: _____ Fax: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip: _____

Accounts Payable Contact

Name: _____ Phone: _____ Fax: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip: _____

Purchasing Contact

Name: _____ Phone: _____ Fax: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip: _____

RightFax Support Contact # 1

Name: _____ Phone: _____ Fax: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip: _____

RightFax Support Contact # 2

Name: _____ Phone: _____ Fax: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip: _____