



BILLING INFORMATION

Company Name: _____ Date: _____

Address: _____ Apt or Ste: _____

City: _____ State: _____ Zip: _____

We have enhanced our services to better serve you. We have activated a new function which enables you to receive your monthly invoice via email instead of a paper copy. These changes are for billing purposes only. Changes to other contact information should be directed to the call center at (316) 687-2102.

Name: _____ Email: _____

Phone: _____ Fax: _____

A/P Person: _____ Email: _____

Phone: _____ Fax: _____

Please add any additional email addresses that should receive monthly bills.

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Does your company use Purchase Orders? Yes No

If yes, please list the current Purchase Order number, Routing Number, or Pay Key Number:

Terminal Code(s):

Please feel free to send us any questions or all of the above information to the following e-mail address: billing@occinc.com

You must be using Adobe Reader or Acrobat 8.0 or greater to submit your completed form using the button below. Otherwise, you may save the completed document and send it as an email attachment to billing@occinc.com