

REQUEST FOR EMERGENCY CONTACT INFORMATION and REQUEST FOR MAILING ADDRESS CHANGE/THIRD PARTY MAILING ADDRESS

BUSINESS NAME: _____

FACILITY ADDRESS: _____

PCID(s) _____

INVOICE GROUP(s) _____

EMERGENCY CONTACT NAMESPlease list **TWO** names with work, 24-hr/cellular phone, fax, business phone, and e-mail address. **(No Agent Names)**

Contact Name		
Home Phone		
Business Phone		
24-hr/Cellular Phone		
Fax Number		
E-mail Address		

INVOICE BILLING ADDRESS

**Please note that Customers are ultimately responsible for payment of their Columbia bills. Sending Customer bills to a third party will not eliminate this responsibility.*

Attention: _____**Address** _____**Telephone:** _____ --- _____ --- _____**Fax:** _____ --- _____ --- _____**E-mail:** _____

Customer Signature: _____

Printed: _____

Title: _____