



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: _____ |