



New Account Registration 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: _____