



**ACCOUNTING**

# NEW ACCOUNT INFORMATION

Please complete this form to open a production account with Studio Supply & Recycling, Inc.

**PROJECT**

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ESTIMATED DURATION OF PROJECT

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**ACCOUNTING DEPARTMENT CONTACT**

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NAME / TITLE

PHONE

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EMAIL

WHO SHOULD INVOICES BE SENT TO?

PREFERRED PAYMENT METHOD

ACH / Wire

Credit Card

Check

**CONSTRUCTION DEPARTMENT CONTACT**

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WHO WILL REQUEST PO'S?

CONSTRUCTION COORDINATOR

EMAIL

PHONE

**ADDITIONAL CONTACTS**

NAME / TITLE

EMAIL

PHONE

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NAME / TITLE

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EMAIL

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PHONE

Please complete this form and return it to [accounting@studiosupplyinc.com](mailto:accounting@studiosupplyinc.com).