



9542 W. Bethel Ct., Boise ID 83709 Ph. 208.376.IMLS(4657) Fax 208.472.1916 / Toll-Free Fax 855.441.4657

## VENDOR BILLING INFORMATION

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VENDOR NAME: \_\_\_\_\_

BILLING CONTACT: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

(You must supply an email address here. This address will be used by IMLS to communicate all statements and billing account information)

BILLING STREET ADDRESS: \_\_\_\_\_

BILLING CITY, STATE & ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### **\*LOWER PORTION FOR ONE-TIME PAYMENTS OF NEW ACCOUNTS ONLY\***

Cardholder Name: \_\_\_\_\_

Credit Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_

Credit Card number \_\_\_\_\_ Exp. Date / Zip \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (3 digit code located on the back of card, Amex: 4 digit number on front of card)

\_\_\_\_\_  
Accountholder Signature

\_\_\_\_\_  
Date