

Form AP

Automated Platting, LLC. Accounts Payable Contact Information

Accounts Payable Contacts	
Client: _____	Primary Contact: _____
Address: _____	Phone/Ext.: _____
_____	Email: _____
_____	Second Contact: _____
_____	Phone/Ext.: _____
Fax: _____	Email: _____

I prefer to receive invoices via:

Fax

Email (Primary)

Email (Secondary)

Mail

Other (Specify Below)
