



CLIENT BILLING INFORMATION FORM

FOR METRO ADMIN PURPOSES	
<input type="checkbox"/> New Client	<input type="checkbox"/> Existing Client
Today's Date:	Approved Date:
<input checked="" type="checkbox"/> Added/Edited to ACT/QB	

CLIENT INFORMATION	
Services:	<input type="checkbox"/> Training <input type="checkbox"/> Engineering <input type="checkbox"/> Laboratory
Legal Company Name:	
Point of contact(s):	
Business Address:	
Phone Number:	

BILLING INFORMATION	
<input type="checkbox"/> Email:	<input type="checkbox"/> Mailing:
Point of contact(s):	
Address/Email (s):	
Phone Number:	
Additional people to get invoices if applicable:	
Name:	
Address:	

Documents to be included with invoice:			
<input type="checkbox"/> PO Number	<input type="checkbox"/> Project Name	<input type="checkbox"/> Project Address	<input type="checkbox"/> Other (Fill info below)

BILLING SPECIAL INSTRUCTIONS / NOTES



CUSTOMER CREDIT CARD AUTHORIZATION FORM

CUSTOMER NAME: _____

PHONE: _____

E-MAIL ADDRESS: _____

CARD TYPE: _____

CREDIT CARD NUMBER: _____

EXP. DATE: _____

CVV: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

I authorize Metropolitan Solutions to charge the above credit card for all agreed upon purchases. I also understand that my information will be saved for future transactions on my account.

Name: _____

Signature: _____ Date: _____