

Client Information Card

DATE			
COMPANY NAME			
CONTACT NAME			
CONTACT EMAIL			
MAILING ADDRESS			
CITY/STATE/ZIP			
PHONE NUMBER			
			Billing Information
RESALE #		EIN #	
BILLING CONTACT			
BILLING EMAIL			
BILLING ADDRESS			
CITY/STATE/ZIP			
BILLING PHONE NUMBER			

PLEASE RETURN COMPLETED FORM TO BRIAN@LIPPSHOTO.COM