



tesa tape inc. Emailed Invoicing Authorization Form

CUSTOMER NUMBER: 11

CUSTOMER TRADE NAME:

BILLING ADDRESS:

EMAIL CONTACT NAME: _____

EMAIL ADDRESS FOR INVOICING: _____

ALTERNATE EMAIL CONTACT NAME: _____

ALTERNATE EMAIL ADDRESS FOR INVOICING: _____

I AUTHORIZE tesa tape NA TO EMAIL ALL INVOICING TO THE INFORMATION AS LISTED ABOVE. I UNDERSTAND THAT HARD COPIES WILL NOT BE MAILED TO OUR COMPANY'S ADDRESS, ONLY ELECTRONIC INVOICES EMAILED. WE AGREE TO UPDATE EMAIL ADDRESS AS CHANGES OCCUR.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL WRITTEN NOTICE TO tesa tape NA IS RECEIVED.

AUTHORIZED SIGNATURE: _____

DATE: _____

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EMAIL COMPLETED FORM TO: AZEMKE@TESATAPE.COM