

# Account Set Up/Contact Information Form



<b>Office use only</b>		
<b>Institution/Company:</b> _____		
<b>Purchase Order No:</b> _____	<b>Contract Status:</b> _____	<b>Expiration Date:</b> _____
<b>Service Description:</b> _____		

In order to activate your account for service please complete the information below.

## Section I

State Agency Name: \_\_\_\_\_

State Agency Billing Representative Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Multiple Departments    Yes     No     *If Yes, please provide each department information in section II*

Centralized Billing        Yes     No     *If No, please provide billing info/address for each department in section II*

Centralized Billing Address: \_\_\_\_\_  
\_\_\_\_\_

In case Billing Representative is not available alternative.

Billing Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

## Section II

For Multiple Departments please enter information in this section for each department. If you need additional space for more departments you may submit an Excel spread sheet via email to [wilson@linguisticainternational.com](mailto:wilson@linguisticainternational.com) maintaining the same fields as indicated in the bellow boxes.

Department Name: _____
Cost Center /Department ID (if any please enter here): _____
Department Billing Contact Name: _____ E-mail: _____
Telephone: _____ Fax: _____

Department Name: \_\_\_\_\_

Cost Center /Department ID (if any please enter here): \_\_\_\_\_

Department Billing Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Department Name: \_\_\_\_\_

Cost Center /Department ID (if any please enter here): \_\_\_\_\_

Department Billing Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Department Name: \_\_\_\_\_

Cost Center /Department ID (if any please enter here): \_\_\_\_\_

Department Billing Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Section III

\* Your signature below acknowledges your institution's responsibility for charges incurred with Linguistica International, Inc. It is the responsibility of your institution to ensure correct billing and contact information is on file in hard copy and signed by the appropriate authority. Linguistica International, Inc. will not be responsible for billing problems if incorrect information is on file.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Authorizing Agent

\_\_\_\_\_  
Signature