



## Contact Information Form

Please provide contact information for the person you want to receive the individual certificates as well as the information on where to send monthly invoices. Complete this fillable PDF and attach the document to the email.

### Primary Contact

**This person will receive the individual certificates. *Note: EPXGCo will issue and send the Certificate directly to EPX Members to distribute, as necessary.***

First & Last Name

Title

Company

Address

City

State

Zip Code

Phone

Email

### Billing Contact

**This person will receive the monthly invoices.**

Same as primary contact.

First & Last Name

Title

Company

Address

City

State

Zip Code

Phone

Email