



# E-Invoicing Configuration Sheet

Company Information - please enter Legal Name and Address	<b>Legal Name</b>	
	<b>Address</b>	
	<b>City, State</b>	
	<b>Zip Code</b>	
	<b>Phone</b>	
	<b>Fax</b>	
Tax Information	<b>Tax Type</b>	
	<b>Tax %</b>	
	<b>Tax #</b>	
Where is your office located? If same as legal put same.	<b>Town</b>	
	<b>Address</b>	
	<b>City, State</b>	
	<b>Zip Code</b>	
	<b>Phone</b>	
	<b>Fax</b>	
Is there another office that submits invoices for your company?	<b>Name</b>	
	<b>Phone</b>	
Who would be considered the main contact person regarding invoices?	<b>Name</b>	
	<b>Phone</b>	
	<b>Email</b>	
Who else needs access to create invoices?	<b>Name</b>	
	<b>Phone</b>	
	<b>Email</b>	
	<b>Name</b>	
	<b>Phone</b>	
	<b>Email</b>	
Are there more users?	<b>Yes or No</b>	
What does your company do in only a couple words?	<b>Business</b>	

**Please complete form and return by email to [accountspayable@swn.com](mailto:accountspayable@swn.com) or fax to 281-618-7905.**