



NPR Satellite Services
1111 North Capitol Street, NE
Washington, DC 20002

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www.nprss.org

CUSTOMER INFORMATION FORM

Legal Name of Organization: _____

Type of Organization (circle one): Corporation Limited Partnership Partnership
Sole Proprietorship Other: _____

d/b/a (Billing name if different than above): _____

Federal Tax I.D. # (must agree with legal name): _____ State of Incorporation: _____

Primary Contact's Name: _____

Primary Contact's Title: _____

Address: _____

Phone #: _____ Cell #: _____

FAX #: _____

E-mail Address: _____

Website Address: _____

Billing Contact's Name (if different from above): _____

Billing Address (if different from above): _____

Billing Contact's Phone # (if different from above): _____

Technical Contact's Name (if available): _____

Technical Contact's Phone #: _____

Technical Contact's Email #: _____

Please contact Business Affairs at 202-513-2618 if you have any questions.