



E-MAIL BILLING INFORMATION

PLEASE COMPLETE BOTH SECTIONS

(PLEASE PRINT CLEARLY. ALL FIELDS ARE MANDATORY.)

CONTACT INFORMATION

Name on account: _____

Billing e-mail address: _____

Contact phone #: _____

P.O. Box: _____

Mailing address: _____

ACCOUNT INFORMATION

Tax Account: _____

Utilities Account: _____

Land Lease Account: _____

Receivables Account: _____

I would like all accounts set up for e-mail billing with the above e-mail address

YES

NO

Signature

Date

PLEASE RETURN COMPLETED FORMS TO
ACCOUNTSRECEIVABLE@IQALUIT.CA