

Twin City Post New Account Questionnaire

DATE _____

- Broker or Company Name _____
- Agent or Contact Name _____
- Agent or Contact Phone _____
- Agent or Contact Email _____
- Agent or Contact Fax _____
- Are we billing the agent directly or is this an office account? _____
- Billing Address _____

- Office Address _____

Special Instructions _____

Please Fax this form to 612-234-4263 or scan/email to
customerservice@twincitypost.com

Thanks and we look forward to doing business with you!!!!