



330 Meadowfern Drive
Houston, Texas 77067-3295
281-875-3279
FAX: 281-874-0989

REQUEST FOR ARCHIVED PAYMENT INVOICE(S)

To request a copy of a payment invoice(s) older than eighteen (18) months, please provide the following information.

EZ Account Number: Invoices From (mm/yy): To (mm/yy):

Company: Tax ID:

First Name: Last Name:

Phone: Address:

City: State: Zip Code:

Where would you like the invoice(s) sent?

Email to

Fax to

Please fax this request to: 281-874-0989 Customer Service