



Date: _____

Customer Name: _____

Customer Account _____

To our Valued Customer

Your input is important to us! To ensure delivery of your monthly statement in a timely manner and in the most convenient method, your response is greatly appreciated.

What is your preference of delivery for your account statement?

Email

Email Address: _____

Contact Name: _____

Fax

Fax Number: _____

Contact Name: _____

US Mail

Address: _____

Please return by MAIL, FAX to (719) 573-7130 or EMAIL to: accounting@driveinautosound.com

Thank you for your reply.