

SCHEDULE E - 1
GATS Subscriber Billing Information Form

Subscriber must complete this form before access to the GATS can be given to Subscriber. The information contained on this form will be used by EIS to bill Subscriber for its use of the GATS. Bills for use of the GATS will be emailed to Subscribers.

Please type or print neatly in black or blue ink all sections of this form.

Subscriber Name: _____

Subscriber's Billing Contact Person: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Department/Location: _____

Mailing Address: _____
