



LEADS BILLING INFORMATION

Please provide information concerning who should receive the LEADS invoices. Return this form to:

LEADS
PO Box 182075
Columbus OH 43218-2075

If you have any questions, please call Nancy Hite at 614-752-4167.

Agency Name: _____

Billing Address: _____

City, State, Zip Code: _____

Billing Contact Person: _____

Telephone Number for Billing Contact: _____

Purchase Order # (if known): _____

Agency ORI: _____