



P.O. Box 9  
Morton, IL 61550  
Lynx Billing Department: (309) 266-1359  
Safelite / Harmon Billing Department: (309) 266-1357  
Fax: (309) 263-7558

Thank you for selecting GlassComp as your EDI Provider. At GlassComp we constantly strive to be the best EDI Provider in the nation. Accuracy is everything at GlassComp. Filling out the form below will ensure we have all your information in our system correctly and allow us to process your invoices in a timelier manner.

**IF YOU HAVE MORE THAN ONE LOCATION PLEASE MAKE A COPY OF THIS PAGE AND  
FILL IN THE REQUIRED INFORMATION FOR EACH LOCATION**

Shop Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shop Phone #: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Safelite Parent ID Number: \_\_\_\_\_ Safelite Shop ID Number: \_\_\_\_\_

Sole Proprietor: \_\_\_\_\_ Corporation: \_\_\_\_\_ LLC: \_\_\_\_\_

GlassComp audits each invoice we receive for accuracy. To expedite invoice processing, GlassComp would like to have your pre-approval to adjust invoices if necessary. Many times the changes may increase the total invoice amount. Please check the box and sign below to authorize GlassComp to make changes to your invoices.

☐ I understand GlassComp will contact me for approval on any price change that results in a price difference greater than \$ 10.00 from my original invoice. If the change is within \$ 10.00, I authorize GlassComp to make the change without my prior consent.

Signature: \_\_\_\_\_

**MAILING ADDRESS**  
**(IF DIFFERENT THAN ABOVE)**

Shop Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please Fax This Page To 309-263-7558**