

# The DigiCOPY Commercial Account Application

## Billing Information:

Company Name \_\_\_\_\_

DBA or  AKA (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

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

Billing Address (if different) \_\_\_\_\_ Suite \_\_\_\_\_

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

Telephone No. ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

A/P Contact \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Purchase Order Required? Yes / No If Yes, Please List Specific Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Financial Information:

Federal ID# / SSN (required) \_\_\_\_\_

Tax Exempt? Yes / No If Yes, Reason:  Resale  Non-Profit  Government

Resale / Exemption Number \_\_\_\_\_ State \_\_\_\_\_

(please attach copies of certificates)

## DigiCOPY use only

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Account Number)

## Credit Information

Bank Name \_\_\_\_\_

Contact \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Account # \_\_\_\_\_

In Business Since \_\_\_\_\_ / \_\_\_\_\_

Company Type (check all that apply)

Sole Partner  Corporation

Franchise  Partnership

Non-Profit  Government

\_\_\_\_\_  
Signature (required) Date

\_\_\_\_\_  
Print Name & Title (required)