



# CopyStation Account Registration Form

Name of Account \_\_\_\_\_

Date: \_\_\_\_\_

Address \_\_\_\_\_

Contact: \_\_\_\_\_

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

Business Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

Email \_\_\_\_\_

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

Fax Number \_\_\_\_\_

Type of Business \_\_\_\_\_

Corporation, State of \_\_\_\_\_

Year Established \_\_\_\_\_

Sole Proprietor

Firm's Federal Tax ID# \_\_\_\_\_

Reseller's Tax exemption# \_\_\_\_\_

### Bank reference

Bank & Branch \_\_\_\_\_ Contact \_\_\_\_\_

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

### Trade References: Please give us 3 local trade references (excluding utilities). Please include phone numbers.

Company \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**I guarantee payment of any and all indebtedness**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_