

Application for Photocopy and Fax Charge Account

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Authorized Signature of Payer: _____

Print Name of Above Payer: _____

Date: _____

Type of Account requested: Photocopy _____ Fax _____ Both _____

Special Instructions:
