



## SUBSCRIPTION APPLICATION FOR COLLECTIONS

DATE OF APPLICATION: \_\_\_\_\_

**Important:** All information must be completed in its entirety. Please print clearly and legibly to help ensure accurate and timely processing.

### COMPANY/ORGANIZATION

Company/Organization: \_\_\_\_\_

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

Type of Ownership: Indicate one  Partnership  Sole Owner  Nonprofit  Corporation

Other business name(s) or DBA: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employment Identification Number (EIN): \_\_\_\_\_

### BUSINESS INFORMATION

Type of business: \_\_\_\_\_

Will you be using a credit card?  Yes  No

How many account(s)/invoice(s) will you be submitting? \_\_\_\_\_

Does your company qualify for tax exemptions?  Yes  No If yes, please provide documentation.

Do you need collection services for more than one business or branch of your organization?  Yes  No

Please provide contact name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

### BILLING INFORMATION

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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