

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: _____