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## CORPORATE APPLICATION

Please print or type

Business/Corporate Name: \_\_\_\_\_

Authorized users: \_\_\_\_\_

Name	Title	Name	Title
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Name	Title	Name	Title
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Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Corporate Plan: Bronze  Silver  Gold

Account Contact \_\_\_\_\_ Area Code & Phone Number (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Type of Business: Corporation  Partnership  Proprietorship  Year Established: \_\_\_\_\_

Are Purchase Orders required for this account? Yes  No

Fed Tax ID # \_\_\_\_\_

If tax exempt Resale #: \_\_\_\_\_

If you choose to provide us with your credit card information we will invoice you at the end of each month and charge your credit card accordingly. This way you have records of everything, one less thing to worry about and you can get cash back and other rewards from your credit card company.

Credit Card Type: Visa <input type="checkbox"/> M/C <input type="checkbox"/> AMX <input type="checkbox"/> DSCVR <input type="checkbox"/> Credit Card #: _____ Exp Date: _____ Cardholder's Name: _____ Card Zip Code: _____ Cardholder's Address _____ Last three digits on the back of the card (Security number) _____
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_____	_____	_____	_____
Name	Signature	Title	Date