



## ACCOUNT REGISTRATION FORM

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Year Established \_\_\_\_\_

- Corporation, State of \_\_\_\_\_  
 Sole Proprietor  
 Partnership

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

### Bank Reference

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

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

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

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

I guarantee payment of any and all indebtedness

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

### HOW TO SUBMIT THIS FORM:

**Fax to:**

**(925) 924-0807**

**Drop off or mail to:**

**Copy Station  
6601 Owens Drive, Suite 115  
Pleasanton, CA 94588**

**Scan and e-mail to:**

**corporate@copystationinc.com**