



Application for Service

Customer Name:		Contract #:
Customer Billing Information		
Billing Address:		
Shipping Address:		
Billing Contact:	Title:	
Phone:	Fax:	
Email:		
Company Credit Information		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC/LLP		
Federal Tax ID:	Provincial Tax ID:	
Principal/Partner/Officer:	Title:	
Bank:	Phone:	
Contact	Account#:	
Trade:	Phone:	
Contact	Account#:	
Principal/Officer Information		
<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other: _____		
Partner 1 / Owner (if sole proprietor)		
Name:	Title:	
Home Address:	Phone:	
City, State, Zip:	Email:	
Partner 2 or Secondary Responsible Party		
Name:	Title:	
Home Address:	Phone:	
City, State, Zip:	Email:	
<p>I certify that the information provided is accurate and correct to the best of my knowledge at the time of completion. I acknowledge that the information provided may be used to verify credit worthiness prior to offering of a contract for service. Once completed, a copy of current photo ID for applicants listed above will need to be submitted via email or fax at the contact information listed below. Contact our office should you have any additional questions.</p>		
Signature 1:		Return WITH Photo ID To: orders@dccicomm.com Fax: 334-321-9920 Office 334-780-1112 www.dccicomm.com Visit us online 24/7
Printed Name	Date:	
Signature 2:		
Printed Name	Date:	