

# RELIABLE COPY CENTER

235 Main Street, White Plains, N.Y. 10601

Tel: (914) 328-1626 Fax: (914) 328-1967

[www.reliablecopycenter.com](http://www.reliablecopycenter.com)

## Corporate Account Form

Company name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

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

E-Mail Address *(if available)*: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address *(if different from the above)*: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Credit card #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

All new clients must have a credit card on file. Unless other arrangements are made in writing, payments for invoices is due within 30 days of the invoice date. By signing below, you represent yourself as authorized to form a legally binding relationship between the customer listed above and Reliable Copy Center, and to authorize Reliable Copy Center to charge the above listed Credit Card for any open invoice(s) after the expiration of the said 30-day period. This form is not valid unless all applicable information, including credit card information is provided, and signed below.

SIGNED \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_

DATE \_\_\_\_\_

