

# TYCO XPress Account Application

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Are You Tax -Exempt? No \_\_\_\_\_ Yes \_\_\_\_\_

*If You Are Tax Exempt:* \_\_\_\_\_

Please Provide Your Tax-Exempt#: \_\_\_\_\_

Please Circle One of the Tax Exempt Categories Below:

*Academic Government Resale Non-Profit Outside of CT Religious Other* \_\_\_\_\_

Please List 2 Credit References:

Credit Reference 1: \_\_\_\_\_

Credit Reference 2: \_\_\_\_\_

TYCO Copy Service, Inc. reserves the right to apply a FINANCE CHARGE computed by a "Periodic Rate" of 1-1/2% per month which is an ANNUAL PERCENTAGE RATE of 18% on amounts past due 30 days or more and to add all collection costs and attorneys fees that result in collecting any unpaid balance.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name & Title of Person Signing: \_\_\_\_\_