



DSA Tax & Bookkeeping Application

FAX: (914) 696-7505 | **CALL:** (800) 879-6605 | **SCAN & EMAIL:** info@dsatax.com

MAIL: 2900 Westchester Avenue, Suite 201, Purchase NY 10577 | **WEBSITE:** www.dsatax.com

DISTRIBUTOR INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Bakery Company: _____

Closing Date (or Expected Closing Date): _____

Route #: _____

Please include a copy of your Closing Statement if in your possession

IF INCORPORATED:

Corporation's Name

EIN

State of Incorporation

Owner Social Security #

POR FAVOR INDIQUE SI QUISIERA UN REPRESENTANTE QUE HABLE ESPAÑOL:

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Representante que hable español preferido.

Please provide copies of Closing Statements and Articles of Incorporation *if applicable*. DSA will request either a signed Assignment of Receivable Authorization for Settlement Deductions or Credit Card payment information.

Signature

Date

We look forward to working with you!