



DSA TAX & BOOKKEEPING APPLICATION

DISTRIBUTOR INFORMATION:

Name:

Street Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Manufacturer you Distribute for:

Closing Date (or Expected Date):

Route #:

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

If Corporation or LLC:

Business Name:

EIN:

State of Formation:

SS#:

Please include a copy of your Articles of Incorporation if applicable

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.

POR FAVOR INDIQUE SI QUISIERA UN REPRESENTANTE QUE HABLE ESPAÑOL

Signature:

Today's Date:

/ /

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

We look forward to working with you!