



# CASH APPLICATION

Company Name:*			
Address:*	City:*	State:*	Zip Code:*
Contact Name:*	Contact E-mail:*		
Contact Phone Number:*	Contact Fax Number:*		
E-mail Addresses (For Purchasing Only) List all who will have access below: (please type a return after each e-mail address)		E-mail Addresses (For Purchasing & Account Information) List all who will have access below: (please type a return after each e-mail address)	

## SHIPPING ADDRESS\*

Check this box if the shipping address is the same as above.

Address:	City:	State:	Zip Code:
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## TAX INFORMATION

If you wish to be tax exempt you must fill out a tax exempt form and fax it to Accounts Receivable at (602) 277-9454. Until then you will be taxed on all purchases.

AZ Tax Number:*	
City Tax Number:*	

What is your immediate product interests?

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Would you like to receive a copy of our CD-ROM? Yes  No

We will contact you with your Account Number, Login-Name and Password.

This is the link to your FREE Retail Catalog  
(Use this catalog in your web site for your customers)  
<http://140.99.14.50/dcsweb-retail/cat.jsp>