



Phone: 405-440-9525
FAX: 405-440-9262

Customer Account Application

Customer Name _____ Date: _____

Company Name _____ DBA: _____

Structure of Business: Sole Proprietorship Corporation LLC Partnership/LLP Non-Profit

Date Business was Started _____ Description of Business _____

Contact: First Name _____ Middle Initial ____ Last Name _____

Phone Number (____) _____ Fax Number (____) _____

Alt Phone (____) _____ Alt Contact _____

Contact Email Address _____ Company Web Address _____

Physical Address (No PO Boxes) _____

Street City State Zip

Billing Address _____

Street PO Box City State Zip

Company Security Officers Name (Please Print) _____

(Required for All Customers)

Additional Notes and Services Requested: _____

Preferred Invoice Method Fax (Fax Number for Billing) (____) _____

Email (Address for Billing) _____

Mail Invoices Only

Preferred Payment Method

Visa Discover Check
 MasterCard American Express Cash

Credit Card Number _____ Exp Date _____

Name on Card _____

Address _____ Zip Code _____

Additional Notes: _____

Signature of Person Authorized to Apply for this Account: _____

MDS Use Only:
Completed By: _____ Account Approved By: _____