

### Institutional / Commercial Accounts Application (2 pages)

1. Make sure application is approved by an authorized manager. **Bold fields are required to be filled in.**
2. NY State customers, please send tax-exempt certificate, if non-taxable or resale certificate for commercial accounts.
3. **Submit by clicking E-mail button or print and fax completed application to 585-672-4656.**

<b>Company Name:</b>	<input type="text"/>		
D/B/A's, if any:	<input type="text"/>	<b>Federal I.D.</b>	<input type="text"/>
<b>Billing Address:</b>	<input type="text"/>	Ship To: if different	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Dept:	<input type="text"/>	Dept:	<input type="text"/>
Attention:	<input type="text"/>	Attention:	<input type="text"/>
<b>Phone:</b>	<input type="text"/>	Phone:	<input type="text"/>
Fax:	<input type="text"/>	Fax:	<input type="text"/>
E-Mail	<input type="text"/>	E-Mail	<input type="text"/>

Please check your organization business structure:

Government     Non Profit     Corporation     Other   

Years under current management :     Date Business Established:

Owner / Partner /Officer's name, title:

We will confirm orders with authorized buyers before processing.

Authorized Buyers	Accounts Payable Contact
<b>Name:</b> <input type="text"/>	<b>Name:</b> <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>
Fax: <input type="text"/>	Fax: <input type="text"/>
E-Mail <input type="text"/>	E-Mail <input type="text"/>

**CONTINUED ON NEXT PAGE**



Application, (Page 2 of 2) Non Profit and Commercial accounts please complete fully. Government applications please skip to authorized manager section.

Please provide three trade references.

Company Name #1:

Name:   
Address:   
  
Contact name:   
Phone:

Company Name #3:

Name:   
Address:   
  
Contact name:   
Phone:

Company Name #2:

Name:   
Address:   
  
Contact name:   
Phone:

When W-9 forms are required please indicate, we will send them to the attention of authorized manager. .

Yes  No

**Authorized manager's name required to process application:**

By submitting this form, you authorize Archival Methods LLC or its agents to proceed with the processing of your application. This processing includes contacting references provided, and obtaining credit or other information necessary to determine creditworthiness.

**Name:**   
**Title:**   
**Date:**

Digital Signature (if available)

Signature via Fax: \_\_\_\_\_