

ICAN Communicate! Quick Fill Form

Business Name _____ DBA _____

Business Address _____ City, St, ZIP, & County _____

Mailing Address, if other than above _____ Federal Tax I.D. # _____ - _____

Business Phone# _____ Fax# _____ Own or Lease _____

Cell Phone# _____ E-mail _____ Alt. # _____ Landlord _____

Logon ID _____ Password _____ State Tax I.D.# _____
(User name, Last name, Store name) (6 characters minimum)

Authorized Contact person(s) _____ Position _____

Your Business Hours Mon-Fri: _____ Sat: _____ Sun: _____ Products Requested (All) _____ other _____

Type of Business: Owner _____ Partnership _____ Corporation Date ____/____/____ Other (explain) _____

Years in Business at site _____ Years under Current Owner _____ Type of Business _____

Retail Category (Circle one): Checking Cashing Liquor Other Pharmacy Mail/Shipping

Travel General Retail Supermarket Convience Restaurant

_____ By X _____
Print Full Legal Name of You as Authorized Agent Signature of Authorized Signer for Authorized Agent

_____ % Ownership _____ Birth Date /Place _____ Home Address _____ City _____ Zip _____ Home Phone _____

_____ X _____
Print Name of 2nd Signer 2nd Signature for Authorization Agent

_____ % Ownership _____ Birth Date /Place _____ Home Address _____ City _____ Zip _____ Home Phone _____

Name of Agent Bank: _____ Account No. * _____

Bank Adders/ Branch _____ Service Rep. Name: * _____

Routing No/ Transit / ABA: * _____ Bank Phone & Fax # _____

*(Attached a voided check, W-9, CRT-61, Copy of Drivers License & Business License/Certificate)

Trade References:

Company Name

Address

Telephone#

sales@icancommunicate.com 773 290-6875 866 503-6011 Fax 773 321-6967

- Additional Locations - Addresses - Contact Person

Add additional page for each location. Photos of Business may be required.