



Please return this form to accounting@sayesoffice.com or fax to 318.448.4171.



3651 Lee Street Alexandria, LA 71302
Office: (318) 448-4225 Fax: (318) 448-4171
accounting@sayesoffice.com

For Office Use Only
Account#: _____
Sales Rep: _____
Date: _____
Contract: _____

EPIC BUSINESS ESSENTIAL'S REGISTRATION

Name: _____
Phone #: _____ Fax #: _____
Email Address: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Accounts Payable Contact Person: _____ Phone #: _____
Accounts Payable Email Address: _____
P.O. Required: YES NO
File Sales Tax with _____ Parish/County
City Limits: Inside or Outside
Sales Tax Exemption: YES or NO (if yes, include a copy of the signed certificate)
Sales Tax Exempt # (if applicable) _____

CREDIT CARD INFORMATION (OPTIONAL)

Type of Credit Card: MASTERCARD VISA AMERICAN EXPRESS DISCOVER
Name on Card: _____ Expiration: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Credit Card #: _____ Security Code: _____
Email Address for Credit Card Receipts: _____

WEB USER INFORMATION

User Name: _____ User Name: _____
Email Address: _____ Email Address: _____
Delivery Address: _____ Delivery Address: _____

PLEASE EMAIL THIS COMPLETED FORM TO ACCOUNTING@SAYESOFFICE.COM