

Company Name: _____ Date Requested: _____

Contact Person: _____ Tel: _____ Ext: _____ E-mail: _____

What printer model will be used? _____ What platform/operating system you will be using? _____

Software: EZPM/EZPS - Windows EZPM400 - iSeries Other _____

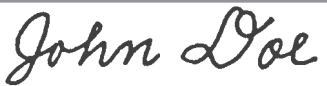
SIGNATURES:

- » Sign name in boxes provided below with a **Black** felt tip pen, twice.
- » Keep signature as horizontally straight as possible.
- » Sign name as the actual size that will appear on the document. *****WE CANNOT RE-SIZE**
- » Do not bend or fold this signature form.
- » Signature(s) must be original. Faxes and photocopies will **NOT** be accepted.
- » Signature **SHOULD NOT TOUCH** the rectangle box.
- » Each signatory should provide two signature samples, one in each box provided below.

Single Signature:

Double Signature:

Example




John Doe
Print Name

Controller
Title

*Note for additional signatures, you may photocopy this form. Only one signatory per page.

Example



John Doe
Print Name

Susie Customer
Print Name

Controller
Title

AP Manager
Title

DUPLICATE

Print Name

Title

DUPLICATE

Print Name

Title