

DIVISION SMALL AMERICA CORPORATION

555 VT. Route 78E Swanton, VT 05488

NEW ACCOUNT INFORMATION SHEET

DDA.			
Mailing Address:			
City:	State or Province		
Zip or Postal code:	Country:		
Physical Address:	ountry		
City:	State or Province.		
Zip or Postal code:	Country:		
Telephone:	Fax:		
URL (website):			
Contact Person:			
E-Mail Address:	Telepho	one:	
Product or Service Sold:		4	
Service Required: Warehousi	ng[], Mail Forwarding[], Pick	& Pack[], Small	Package Pickup[],
	kage Forwarding[], Cross Dock		
Incorporat	ion Services[], Order Fulfillme	ent[]	*9
Principal #1:		01 0	ership
Home Address:			
City, State, Zip:			now long?
Home Telephone:	elephone:		x:
Date of Birth:		Social Security #:	
Driver's License #:		State:	Exp. Date:
Principal #2:		% of ownership	
		/0 OI OWII	
Home Address:		Resided how long?	
Home Telephone:		Home Fax:	
Date of Birth:		Social Security #:	
Driver's License #:		State:	Exp. Date:
Please provide two (2) types of t	he following identification: driver	's license, armed f	forces, or government card; passport or all a serial number or similar information
is traceable to the bearer.			
I certify that the information sub	mitted is true and accurate.		
Signature of Author	rized Signer	Date	e