

**SouthEastPlaza.com**  
**P.O. Box 178**  
**Washington, Georgia 30673**

**-Company Information-**

**Date:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Preferred Password:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_  
(Hospital – School – Government – Retail – Etc)

**Contact Person:** \_\_\_\_\_

**Sales Rep:** \_\_\_\_\_

**Number of Printers:** \_\_\_\_\_ **Monthly Purchase Amt:** \_\_\_\_\_

**Brands:** \_\_\_\_\_

**Tax Exempt:** \_\_\_\_\_ If you are exempt from sales tax, please complete form ST-5.

You will receive email confirmation within 12 hrs of submission of this form. If you do not receive an email confirmation, please contact us.