

"WE GUARANTEE AN INSTANT MESSENGER"

I N S T A N T
M E S S E N G E R



W W W . I N S T A N T M E S S E N G E R N Y C . C O M

A P P L I C A T I O N

Company Name: _____ Tax ID: _____

Billing Address: _____ Fl/Rm/Ste: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Forward bills to: _____ Title: _____ Phone: _____

Type of Business: _____ Years at present location: _____

Reference

Business Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

How did you hear about us? _____

Credit Card Information for Automatic Debit:

(Leave blank if you do not want Automatic Debit)

Name as it appears on credit card: _____

Address: _____ City: _____ State: _____ Zip: _____

Card Type: _____ Account#: _____ Exp: _____

All deliveries are insured for upto \$100.

Billing Options: Monthly Weekly Bi-Weekly

Other: _____

Billing References: Yes No

Print Name: _____ Title: _____

Signature: _____ Date: _____

Please sign and fax application to (347) 964 - 5390

QUESTIONS CALL (917) 939-4193
OR VISIT: WWW.INSTANTMESSENGERNYC.COM