

**BUSINESS ENTITY LEGAL NAME & OWNERSHIP OF SIGNATOR  
VERIFICATION**

LEGAL Company Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**By signing below I, \_\_\_\_\_, hereby affirm that I am a/an \_\_\_\_\_  
at \_\_\_\_\_, and as such I am authorized to enter into  
binding legal agreements on behalf of Company. In addition, I confirm the accuracy of the  
business entity information provided above and acknowledge that any and all legal binding  
contracts will be addressed to me and sent to the provided email address.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**List any additional authorized employees empowered to place FUTURE add-on orders with Data Age Business Systems, which may result in changes to your Customer Care Agreement fees:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)