

Florida & North Carolina Document Signers, Inc.
Closer Contact & Address Information Form
Fax to 813-909-7386 or email chad@fldocs.com

Name: _____

Primary Phone #: _____ (First Attempt)

Day or Office #: _____

Home Phone #: _____

Cell Phone #: _____ Carrier: _____

Beeper #: _____

Primary Fax #: _____ Default Paper Size: (Legal) or (Letter)

Secondary Fax #: _____ Default Paper Size: (Legal) or (Letter)

E Fax #: _____ or WinFax#: _____

Primary Email Address: _____

Backup Email Address: _____

Your Website (URL) Address: _____

Weekday Closing Package Delivery Address (No PO Boxes)

Attention: _____

Street Address: _____

City: _____, Florida Zip Code: _____

Special Delivery Info (Leave at Door): _____

Home Address (Weekend Package Delivery) If Different

Street Address: _____

City: _____, Florida Zip Code: _____

Weekly Pay Check Delivery Address (1099Misc & Tax Info) If Different

This section is very important if the information doesn't match we may be forced to withhold 30% of your Fees!
Your name should be listed exactly as shown on your Social Security Card or as the IRS has your Income Tax Records, this will determine how you're yearly 1099MISC Form will be prepared.

Name: _____

Street Address: _____

City: _____, Florida Zip Code: _____

Social Security #: _____

If you are working under a company and income should be reported as such, please indicate:

Legal Company Name: _____

EIN or TIN (Tax #s): _____