TonerMagic AUTO-SHIPMENT PROGRAM - Application

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Ext _____ Fax _____

Email Address _____

Contact Name _____ Federal ID# _____

Please list all the Copiers, Faxes, and Printers for which you will need Toner Cartridges:

MANUFACTURER NAME	MODEL Number	Fax, Copier, or Printer	Quantity Per Month

Shipping Schedule: ( ) Weekly ( ) Bi-weekly ( ) Monthly Approx Date _____

Credit Card Information on Cardholder (please print)

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Credit Card: ( ) MasterCard ( ) Visa ( ) American Express _____ Amex 4 Digit ID#

Credit Card # _____ Exp. Date _____

By signing below, you hereby authorize TonerMagic to charge your credit card for the charges incurred under your TonerMagic account. If you elect to be billed under an open account, you submit a credit application and supply credit card information above. In the event of default of payment on your open credit account, by selecting the auto-shipment program you hereby authorize TonerMagic to bill the credit card listed for the amount due. Under either method of payment, you warrant that the credit card information as well as information you supply in the credit application for an open account is true. You also agree to notify TonerMagic immediately if there is a change in your credit card or billing information. By ordering with TonerMagic you consent to the terms and conditions as set forth on the TonerMagic website. In the event you wish to terminate your subscription for the auto-shipment program, please send TonerMagic a written notice at least five business days before the next scheduled shipment.

Signature _____ Print Name:_____ Date:_____

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