Our Mission: To Serve

DigiCOPY was founded in July of 2000 by President & CEO, Craig Shuler. Our company is based on the principal of valued relationships within and outside of the workplace. Our continued growth and success can be attributed to the people and communities we have become a part of.

Our Philosophy



Customers

We strive to build long-term relationships with each of our customers. Together we will provide the highest quality document solutions, employing digital technology and the dedicated, solution oriented attitudes of our coworkers.



Co-Workers

Each of our co-workers is a valuable member of the DigiCopy family. We appreciate their opinions, and recognize their hard work. We value independent thinking and teamwork; and foster a flexible environment where creativity is rewarded.



Community

We acknowledge the invaluable relationships we form with our communities, customers, co-workers, and suppliers. We will play a vital role within each community we serve, providing career opportunities and services unique to our company.

For more information, visit dcopy.net/business-solutions.php



7 Statewide Locations

Eau Claire, Green Bay, La Crosse. Milwaukee. Stevens Point & Wausau

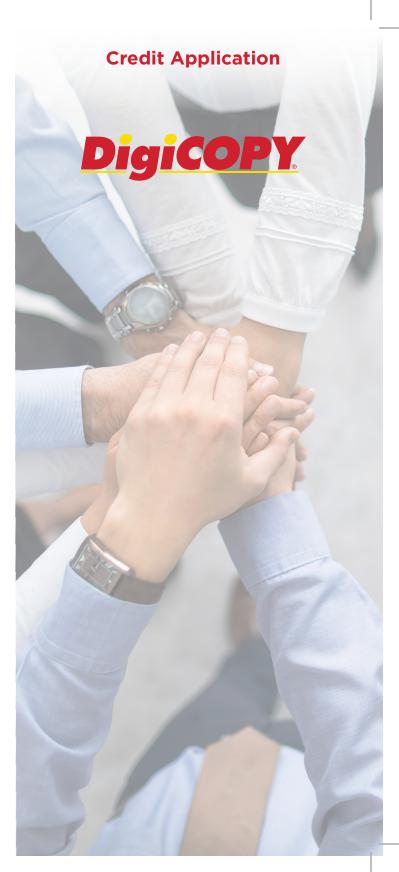


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Billing Information

Primary DigiCOPY Location:			
Company Name:			
□ DBA or □ AKA (if applicable):			
Street Address:			
Suite:			
City:			
State: Zip:			
Billing Address (if different):			
Suite:			
City:			
State: Zip:			
Phone: () Ext:			
Fax: ()			
A/P Contact:			
Phone: ()			
Purchase Order Required? Yes / No			
If Yes, please list specific requirements:			

Credit Information

Bank Name:			
Contact:			
Phone: ()		Ext:	
Account #:			
In Business Since	:	/	
Company Type (c	heck all that apply	·):	
□ Sole Partner	☐ Franchise	□ Non-Profit	
☐ Corporation	□ Partnership	☐ Government	
Financial Information			
Federal ID#/ SSN (required):			
Tax Exempt?	/es / No		
If Yes, Reason:			
□ Resale □ Non-Profit □ Government			
Resale / Exemption Number:			
State:			
(Please attach a co	ppy of the S211 Cer	tificate.	
Account will not be opened until the proper			
signed document	ation is received)		
Signature (require	 ed)		
 Date			

Print Name & Title (required)

DigiCOPY Use Only

(Co-Worker Name)	
(Location)	
(Company Name)	
(Account Number)	

Thank you for choosing



Please return the completed form to one of our locations listed on the reverse side of this brochure.

We look forward to working with you!

Accounts not paid within 30 days of invoice date are subject to an 18% monthly finance charge with a minimum fee of \$5.00 per month.

Terms of credit and fees assessed are subject to change with a 30 day notice.