



**Symon Communications**  
500 North Central Expressway, Suite 175  
Plano, TX 75024

**Part 1. Company Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

---

**Part 2. Tax Information**

Taxpayer ID \_\_\_\_\_  
Federal? Y or N      State? Y or N      1099 Required? Y or N  
(please circle or highlight the correct choice on the above)

Income Tax Type \_\_\_\_\_  
Reporting Name \_\_\_\_\_  
Organization Type \_\_\_\_\_  
Income Tax Reporting Site      (main location)      Y or N  
If No on above, where? \_\_\_\_\_  
Terms of Payment \_\_\_\_\_

---

**Part 3. Remittance Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Remittance Email: \_\_\_\_\_  
Customer Number: \_\_\_\_\_

---

**Part 4. Bank Information**

Name: \_\_\_\_\_  
Bank Addr: \_\_\_\_\_  
Account #: \_\_\_\_\_  
ABA Routing #: \_\_\_\_\_  
Name or Acct: \_\_\_\_\_

---

**Part 5. Credit References: (Please provide name, contact information and credit limits in the spaces below.)**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

---

**Part 6. Signature (Please sign below to verify accuracy of the information above.)**

Signature: \_\_\_\_\_  
Printed: \_\_\_\_\_  
Date: \_\_\_\_\_