

5725 Lankershim Blvd.  
North Hollywood, CA 91601  
Phone: (818) 985-6009  
Fax: (818) 985-9732

Feder's Co.

# Fax

To: \_\_\_\_\_ From: \_\_\_\_\_  
Fax: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Pages: \_\_\_\_\_

This is what we need from you in order to establish an account:

Company Name \_\_\_\_\_

Company Billing Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Phone Number(s) (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_

Contact Name at the office \_\_\_\_\_

Credit Card Number\* \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Name on the Credit Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

CIRCLE ONE: Bill Credit Card                      Send Bills To Billing Address

Address of the Building to be serviced \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Building Manager's Name and Apt. # \_\_\_\_\_

Building Manager's Phone Number \_\_\_\_\_

\* Credit Card will be kept in your file to assure timely payment. It will not be charged if you prefer to receive bills via regular mail and pay them with checks.

Thank you very much.