



2900 Westchester Avenue, Purchase NY 10577
1-800-879-6605 • Fax: 914-696-7505

DSA Tax & Bookkeeping Application

- Fax this completed and signed form to DSA at (914) 696-7505 or
- Mail to the address above or by using the DSA return envelope provided or
- Scan & Email to info@dsatax.com

DISTRIBUTOR INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Bakery Company: _____

Closing Date (or Expected Closing Date): _____ Route #: _____

Please include a copy of your Closing Statement if in your possession

IF INCORPORATED:

Corporation's Name

EIN

State of Incorporation

POR FAVOR INDIQUE SI QUISIERA UN REPRESENTANTE QUE HABLE ESPAÑOL:

Representante que hable español preferido.

I hereby authorize DSA to obtain a copy of my closing statement in connection with preparing my financial reports. I authorize the deduction for DSA Tax and Bookkeeping charges from my weekly settlement.

Signature

Date

We look forward to working with you!