

**DOCUMENT MANAGEMENT COOPERATIVE
MEMBERSHIP**

Member Information _____

Business Name _____

I.D. _____ **Location** _____

Address _____

City _____ **State** _____ **Zip** _____

Contact Person: _____ **Phone #** _____

Alt. Phone # _____ **Email** _____

We will be billing quarterly for the cost per copy \$_____.

Large volume customer's monthly \$_____.

Membership quarterly at \$_____.

Annually at \$_____. (5% savings for annual prepays)

Any vandalism of equipment can be traced to the last user by code. The member would be financially responsible for any and all acts of misuse, abuse, or theft, or for repairs made necessary as a result of misuse, etc. Charges for repairs or parts replacements due to the foregoing shall be borne by the member at Document Managements established rate for parts and labor then in effect.

The member agrees to use the supplies provided at "no-charge" on the appropriate machine. The member agrees not to take designated supplies from this area for use in other equipment. Should any operator remove supplies from the cooperatives machine to be used in another, the customer agrees to purchase the item from Document Management based on standard retail pricing.

Document Management reserves the right to terminate a location, or adjust the cost per copy as it relates to volume. A 30-day notice will be provided to the members.

All past due accounts will accrue a service charge of 1½% per month.

Signature of Responsible Party

Date