



... Mobility Solutions That Drive Business Value

POAA Financial Framework / Application

Please complete all information below.

Return to Sue Chouinard - email: schoui@datacapturesolutions or **fax** (860) 979-0731

PF Business Unit Name: _____ **PF Route #** _____

Contact Name: _____ Phone: _____

Address: _____ Fax : _____

POAA Membership Level: _____ Platinum (\$200/year) _____ Other (Non-Paying or Non-Platinum)

This Business Unit is Responsible for the Route #'s: _____

HHC Serial Number _____

Mobile Printer Serial Number _____

**** Attach Additional Route/Info if needed** _____

Shipping Account/Carrier for Route #'s Above: _____

Accounting Contact _____

Telephone: _____

Email Address: _____

Remit To Address/Contact: _____

Authorized Signature: _____

Printed Name/Title: _____ Date: _____

160 West Road, Ellington CT 06029 | Phone: 888-684-0807 | Fax: 860-979-0731

POAA Business Contact at DCS: **Anne DeLurgio | 847.987.5200**