Vendor Profile Application



9000 Southside Blvd **Suite 1900** Jacksonville, FL 32256

Complete this form and email it to Tax Defense Network's Accounts Payable Dep

plete this form and email it to Tax	, Dofonso Notwork's Accounts D	avahla Donartmont:	
taxdefensenetwork.com	Phone: +1 904-309-8155		
Vendor Name	e: dc Tax, LLC	SSN or EI	N 86-3654940
Address:			
Stre	eet ⁹³⁰¹ Ocoee St		
Apt/Su			
	ity ^{Ooltewah}	State ^{TN}	Zip 37363
itact Information: Account Representation	ve:		
Nai	me ^{David Collins}		
Em	nail david@dctax.us		
Pho	one 423 482-9737	Fax 423 558-32	274
inance/Accounting Representation	ve:		
Nai	me		
Em	ail		
Pho	ne	Fax	
	Account Number 143000244193	<i>,</i> 3	
ABA/Routin	ng Code (9 Digits) 064208165		
Checking or	Savings Account Checking		
Governing: This agreement the U.S.	setwinetood in accoundance with a set of	ad by the layer of the State of Florida	
Governing: This agreement shall be con	structed in accordance with and govern	ed by the laws of the State of Florida	
es:			
		PAYEE (To the address on record), and if 2256). This agreement may only be amen	
All other credit terms and requirements be Any/all banking fees, associated with the t			
Signatu	ure 6		Date 2/5/2024
		serve as an electronic signature	that above information
	provided it correct.		
*****FOR TDN OFFICE U	JSE ONLY********		
ult Expense Account			
nent terms			
Eligible			
lor Category			
			Ī