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# **DITEC**

6864 Cochran Road Solon, Ohio 44139  
(440) 519-1555 Fax (440) 519-1556





# **DITEC RESOURCE SERVICES PROGRAM - DRSP REGISTRATION FORM**

Please indicate the type of yearly registration by checking the box below.

- \$375 Individual
- \$1500 Organization 1 - up to five individuals
- \$3000 Organization 2 - up to ten individuals
- \$4125 Corporate - up to fifteen individuals

If other than Individual Registration, please indicate the individuals from your organization who are also authorized to utilize DRSP. Mail completed registration with applicable Registration Fee to:

**DITEC, Inc.  
6864 Cochran Road  
Solon, Ohio 44139  
(440) 519-1555 Fax (440) 519-1556**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE( ) - \_\_\_\_\_ FAX( ) - \_\_\_\_\_

BILLING DEPT. \_\_\_\_\_ \*PO # \_\_\_\_\_ DRSP FEE ENCLOSED \$ \_\_\_\_\_

CREDIT CARD \_\_\_\_\_ \*CREDIT CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_

**ADDITIONAL DRSP USERS:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ NAME \_\_\_\_\_ TITLE \_\_\_\_\_

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NAME \_\_\_\_\_ TITLE \_\_\_\_\_ NAME \_\_\_\_\_ TITLE \_\_\_\_\_

\*All Purchase Orders will be assessed a \$25 Invoice Processing Fee.  
All Invoices will be assessed 1.5% per month (18% per annum) late fees when more than thirty days past due.