

**AUTHORIZED THIRD PARTY
ServiceArizona (SAZ)
BUSINESS REGISTRATION REQUEST**

- ☐ Initial Application
☐ Update Application

1. If an update application, provide the reason: _____

Company Information:

2. Company Name: _____

3. Doing Business As (if applicable): _____

4. Authorized Third Party Office Number: _____

5. Federal Employer Identification Number: _____

6. Business Location Address (not a PO Box): _____

7. Mailing Address (if different): _____

Contact Information:

8. Business Contact Name: _____

9. Business Location Address (not a PO Box): _____

10. Telephone Number: _____ 11. Fax Number: _____

12. Business Contact Email Address: _____

By signing below, I certify that I am authorized and qualified to act for and on behalf of the company indicated above and that the information contained on this request is true and correct.

Signature	Printed Name
Title	Date

Instructions for Completion of the ServiceArizona Business Registration Request

A ServiceArizona (SAZ) Business Registration Request form is to be **completed and signed by** an authorized representative of your company to initiate the process of granting access to ServiceArizona electronic services. To ensure prompt processing of your registration, use black ink and write legibly.

Indicate in the upper right corner if this is an initial or update application.

- “Initial” should be checked for your initial request for a ServiceArizona account
- “Update” should be checked to update registration information. An update application is not required to add new users.

1. **For update applications, indicate the reason for the update.**
2. **Company Name:** Provide the name of your Company.
3. **Doing Business As (if applicable):** If you use an alternate business name, provide the registered name that your Company uses in its capacity for conducting business.
4. **Authorized Third Party Office Number:** Provide your assigned Office Number.
5. **Federal Employer Identification Number (EIN):** Provide your company’s IRS-assigned Federal Employer ID Number. If you do not have an EIN, use your social security number. This information must be provided to process your application.
6. **Business Address:** Provide the administrative / operation headquarters address for your Company or Agency. This should be your company’s physical place of business, **not a post office box.**
7. **Mailing Address (if different):** Provide your preferred mailing address for your business.
8. **Business Contact Name:** Provide the name of the individual you wish to be the primary business contact for your Company. Provide their (9) **contact address (cannot be a post office)**, (10) **telephone number**, (11) **fax number** and (12) **email address**.

Sign and date the Business Registration Request to certify that the information provided is true and correct.