



PARENT/BRANCH INFORMATION

Wholly Owned Subsidiaries

EMAIL

1. Complete the PDF form and save when finished.
2. Create a new email to info@dicausa.com and add the PDF file as an attachment.

FAX 413.771.2420**MAIL** DICA
104 Industrial Center
Guthrie Center, IA 50115

All information submitted to DICA and/or the Companies that they represent, will be kept confidential and used for our records only.

Parent Company Name: _____

Branch/Location Name: _____

Branch Address: _____

Branch City/State/Zip: _____

Branch Phone: _____ Branch Fax: _____

Location/Branch Information Corporation Partnership Sole Proprietorship Federal ID# or S.S.#: _____**Send Invoices To:** Parent Branch**Preferred Invoice Method:** Email Mail Fax

Accounts Payable Contact: _____ Accounts Payable Phone: _____

Accounts Payable Email: _____ Accounts Payable Fax: _____

By signing below I am verifying that this branch/location is wholly owned by the Parent Company named in this document.

Completed By: _____ Title: _____

Date Completed: _____