

DSMS Portal Level – II Submitter Information

Company Information	
Company Name	
Address Line –1	
Address Line – 2	
City	
State	
Zip	
Contact Information	
Last Name	
First Name	
Phone Number	
Scanner Hardware Information	
Scanner Location/Office	
Manufacturer Name	
Model Name	
Description	
PC Configuration	
Manufacturer	
Model Description	
Operating System	Specify Windows Version
Which interface do you intend to use?	Website/Electronic Submission

Which method do you want to adopt?	Scan/Upload
Scan	
Upload (Please explain your scan process)	
What is the archival process of original documents?	
Are you working for other companies?	YES / NO
If you choose YES please provide Company(s) Name and Address:	

Document Summary Management System (DSMS): Terms of Use and Notices

Last Updated: June 2004

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Signature

Title

Date

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PO Box 1251
Freehold, NJ 07728