

ON-LINE ACCOUNT APPLICATION

Sales Rep: _____

Business Name: _____

DBA: _____

Type of Business: Limited Partnership Sole Proprietorship Limited Liability
 General Partnership Corporation

COPY OF BUSINESS & RESALE LICENSE IS REQUIRED- FAX TO 989-687-4029

BUSINESS INFORMATION:

Federal ID# or Social Security #: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Owner/President: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Purchasing Contact: _____

Purchasing Contact Phone: _____

Purchasing Contact E-mail: _____

Customer Sales Contact E-mail: _____

Business Web Site: _____

Date Business Started: _____ Type of Business: _____

Do you have more than one location? _____ Yes _____ No If yes, how many? _____

Do you currently sell cellular phones? _____ Yes _____ No

If yes, list providers: _____

Do you currently sell cellular accessories? _____ Yes _____ No

How did you hear about our company? _____

METHOD OF PAYMENT

C.O.D. (Company Check, Money Order or Cashiers Check, No Personal Checks)

Credit Card

Name on Card: _____ Card Type: _____

Signature: _____

Credit Card #: _____ - _____ - _____ - _____ Exp. Date: ____/____

Security Code: _____

Open Account (Credit Check Required)

Amount of Credit Requested: _____

Accounts Payable Contact: _____

Accts. Payable E-mail: _____

Phone #: _____

BANK REFERENCE (REQUIRED FOR COD & OPEN ACCOUNTS)

Bank: _____ Acct. #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

TRADE REFERENCES (4 MINIMUM)

<u>Business Name</u>	<u>Account #</u>	<u>Phone#</u>	<u>Fax #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. The undersigned also consents to the release of credit history. We recognize that if credit is extended, it may be canceled without notice.

Signed: _____ **Date:** _____

Title: _____