

WIRELESSACCESSORYZONE.COM ACCOUNT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:		Date Established:	
Trade Style (DBA):		Fed ID #:	
Phone:	Fax:	E-mail:	
Billing Address:			
City:	State:	ZIP Code:	Resale:

DESCRIPTION OF BUSINESS

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Corporation
Name of Principals:		
Residential Street Address:		
City:	State:	ZIP Code:
Social Security #:	Date of Birth:	
Drivers License #:	State:	

TRADE REFERENCES (PLEASE DO NOT LIST C.O.D. ACCOUNTS)

Company Name:		Name of Contact:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

Company Name:		Name of Contact:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

Tax Status: Taxable Exempt (Resale Certificate must be enclosed and on file)

Credit Line Requested \$ _____

Term Desired: Net 30 Days Credit Card

BANK REFERENCE

Name:		Address:	
City:	State:	ZIP Code:	Phone:
Account#:		Account Type:	

AGREEMENT

I certify that all the information on this form is correct and agree that H.L.Dalis has the right to verify any of the above information.

Signed:	Title:
Print Name:	Date:

PLEASE FILL IN AND FAX BACK TO 718-472-1565 OR EMAIL TO
SALES@WIRELESSACCESSORYZONE.COM