



New Account Application Form

Please complete, sign, and return this form along with copy of Resale Certificate.

Sales Representative:

Billing Address: All Fields Must Be Completed

Shipping Address: All Fields Must Be Completed

Company Name:
 Address:
 City, State, Zip:
 Telephone (LANDLINE ONLY) & Fax:
 Mobile:
 Attention:
 Email:

Company Name:
 Address:
 City, State, Zip:
 Telephone (LANDLINE ONLY) & Fax:
 Mobile:
 Attention:
 Email:

General Information – All Fields Must Be Completed

Principal/Owner: Social Security # (optional): Email: Telephone:
 Company Composition: Individual Partnership LLC Corporation Sub-Chapter S-Corp Corporation State of:

Web User Information

Name: **E-mail address:**

Trade References – All Fields Must Be Completed

Company 1: Phone #: Address:
 Company 2: Phone #: Address:

Ordering Information – All Fields Must Be Completed

Are Written Purchase Orders Required? Yes No Is Merchandise for Resale? Yes No Resale Certificate / Tax ID no.:
 Purchasing Agent: Email: Telephone & Fax:
 Accounts Payable Contact: Email: Telephone & Fax:

Bank Information – ITEMS WITH AN * ARE TO BE COMPLETED BY BANK MANAGER

Bank Name: Bank Officer: Telephone & Fax:
 Bank Address: City: State: Zip: Account Type & Account No.
 Date Opened * Average Daily Balance: * Credit Rating: * NFS Checks: Yes __ * No __ *
 If yes, how many? Date of Last NFS?
 Verified By: * Title: * Date: * Signature of Bank Officer: *

Acceptance and Approval- All Fields Must Be Completed And Form Must Be Signed

Signing this agreement indicates my acceptance of the terms and conditions stated. In addition, I authorize **VIP Wireless**, to make any and all inquiries necessary to process this New Customer Application. I hereby personally guarantee to VIP Wireless, its successors and assigns, payment of any obligations of the Company and I hereby agree to jointly and severally bind myself to pay VIP on demand any sum which may become due to VIP Wireless by the company. It is understood that this guaranty shall be continuing in nature and revocable only upon formal written consent by the CFO of VIP Wireless. Such revocation shall not apply to existing indebtedness but only on obligations arising subsequent thereto. In the event an action is commenced to enforce my obligations under this Personal Guaranty, I hereby agree to indemnify VIP Wireless for all attorney fees, court fees, and all other associated expenses. Any balance so remaining unpaid shall bear interest at the lesser rate of 3% per month or the maximum rate permitted by applicable law, until paid in full. I have read this Personal Guaranty and understand the contents thereof.

*Name of Authorized Rep.: *Title: *Date: Signature: *

Terms and Conditions

All accounts are COD until the customer has had three (3) successful orders and then a credit application has been completed, reviewed, and approved.

PLEASE FAX THIS FORM BACK SIGNED ALONG WITH A COPY OF RESALE CERTIFICATE TO 215-405-3943

VIP Wireless | 14061 Townsend Rd | Philadelphia, PA 19154 | Tel (215) 975-0220 Fax (215) 405-3943