



NEW DEALER APPLICATION

BUSINESS CONTACT INFORMATION

Contact name:		Title:	
Company name:		E-mail:	
Phone:	Fax:	Mobile:	
Company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Website:

BUSINESS AND CREDIT INFORMATION

Business Tax Id Number:			
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:		Contact name:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Website:	
Type of account:			
Company name:		Contact name:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Website:	
Type of account:			
Company name:		Contact name:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Website:	
Type of account:			

FOLLOW THESE INSTRUCTIONS:

1. Copy of Resellers Permit/Tax-Id must be sent in along with this form.
2. By submitting this application, you authorize Modern Wireless, Inc. to make inquiries into the banking and business/trade references that you have supplied.
3. Once completed please Fax to: **(714)535-6396**

SIGNATURE

SALES REPRESENTATIVE:

Title:
Date: