

Emax Wireless

19973 Harrison Ave City of Industry, CA 91789

Tel: 909-898-0868 Fax: 909-598-8781

NEW ACCOUNT APPLICATION FORM

Name of Company	Credit Line Request	Date
Phone #	Fax#	

BILLING ADDRESS

SHIPPING ADDRESS

Street		Street	
City	County	City	County
State	Zip	State	Zip
Nature of Business	Yrs in Business	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Federal Tax ID#

FULL NAME OF OFFICERS, OWNERS OR PARTNERS

Name and Address	Position/Title	Social Security #
1		
2		

IF OPERATING AS CORPORATION, Date of Incorporation:

State of Incorporation

BANK REFERENCE

Name	Address		
City	State	Zip	Contract Name
Type of Account		Account #	

I HEREBY AUTHORIZE MY BANK STATED ABOVE TO RELEASE ALL NECESSARY INFORMATION PERTAINING TO THE ABOVE MENTIONED ACCOUNT TO EMAX WIRELESS

Signature

Print Name

2 BUSINESS REFERENCES

Name	Account #	Name	Account #
Address		Address	
City	Sate	Zip	City
			Sate
			Zip
Phone	Contract Name		Contract Name

Name	Account #	Name	Account #
Address		Address	
City	Sate	Zip	City
			Sate
			Zip
Phone	Contract Name		Contract Name

THIS FORM IS VERY IMPORTANT TO US!!! PLEASE COMPLETE ALL FIELDS AND FAX BACK TO 909-598-8781 WITH YOUR RESELLER PERMIT. INCOMPLETE INFORMATION WILL RESULT IN DELAYS TO PROCESS YOUR ACCOUNT.

SIGNATURE	TITLE	DATE
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