

New Customer Application Form

Date : _____

Name : _____ Title : _____

Company : _____

Phone : _____ Fax : _____

Address : _____

Email : _____

Business Type: Sole Proprietor Partnership Corporation: State _____

How long in business : _____ years / D&B Number : _____

Please include a copy of Seller Permit and State Business Registration

The above information is submitted for the sole purpose of opening an account and I hereby certify that I am an authorized officer of the entity and the information to be true.

Signature: _____



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