

ACCOUNT APPLICATION
PREVIEW

Enclosed is An Account Application Form.

Please complete the application form and send it back to the following address:

[NAME]

[ADDRESS]

[CITY]

[COUNTRY]

[NUMBER]

[FAX]

PLEASE DO NOT COPY

Instructions

1. Please complete the following Account Application Form.
2. Please attach a copy of your Business License/Resale Permit, owner's Driver's License, and voided check.
3. Please return your complete Account Application Form to [COMPANY NAME] either by mail or by fax [NUMBER].
4. Once your application is reviewed, you will receive a call from one of our professional Account Managers.

THIS DOCUMENT

Account Application

Legal Business Name (same as business license) [NAME] (Number)

DBA (Doing Business As) Owner

Shipping/Billing Address (No P.O. Boxes please) [TITLE]

City

State Zip Code Authorized Purchaser

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Business Phone Number

E-mail Address

Business Fax Number

Business Website Address

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This company is a Sole Proprietorship Partnership LLC Corporation

Federal Tax I.D. Number: _____ Annual Sales Volume: _____

Date Business was founded: _____ Fiscal Year end: _____

Length of time at this address: _____ year(s) _____ month(s) Facilities : own lease

_____ sq ft
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Bank References:

Bank Name Business Checking Account Number

Street City State Zip Code

Bank Name Business Saving Account Number

Street City State Zip Code

Trade References:

THIS DOCUMENT

Business Name Account # Phone No. Fax No.

Term Credit Limit

Business Name Account # Phone No. Fax No.

Term Credit Limit

Business Name Account # Phone No. Fax No.

Term Credit Limit

THANK YOU

I/ We understand that the information provided is for the purpose of opening an account with [COMPANY NAME] and warrant that the information provided is true and correct. I/We authorize investigation of all credit references listed.

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All related terms and conditions are defined in our invoice. I/We further understand and agree that all accounts or money due to [COMPANY NAME] shall be paid in accordance with the payment terms stated above and I/ We agree to pay all reasonable costs of collection costs which are no less than [PERCENTAGE]% of the unpaid principle plus interest in addition to any court costs and/or attorney fees incurred.

Authorized Signature Title (President / VP / CFO)

Printed Name of Signer Date

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PERSONAL GUARANTEE

The undersigned, for value received, hereby unconditionally guarantee(s) to [COMPANY NAME], a [STATE] corporation, full payment of all sums due and owing, pursuant to the terms indicated.

The undersigned further guarantee(s) all renewals, extension, additions thereof. The undersigned agree(s) to pay \$[AMOUNT] fee for each returned check and authorize(s) that the fee and the check amount can be electronically collected.

The undersigned further agree(s), in the event legal action is instituted to enforce collection, to pay reasonable attorney's fees and costs for such legal action. The undersigned also agree(s) to submit to legal jurisdiction in the county of [COUNTY], State of [STATE].

Upon payment in full of any invoices, this guarantee will remain in effect and will apply to any and all purchases made thereafter.

Guarantor (President / Owner only) Signature of Guarantor Date

Social Security Number Driver's License Number D.O.B.

Resale Information

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FIRM NAME:

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I HEREBY CERTIFY, That I hold a valid seller's permit # _____

issued pursuant to the Sales and Use Tax law; that I am engaged in the business of selling

_____ ; that the

tangible personal property described herein which I shall purchase from [COMPANY] will be

resold by me in the form of tangible property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while

holding it for sale in the regular course of business. It is understood that I am required by the

Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such

property. Description of property to be purchased: _____

Dated: _____

Signature _____

Signed at _____ Name and

Title _____

(location of the business)

(President/Owner)

Phone _____ Address _____

General Business Profile

(1) Which category best describes your company's business? (Please mark one)

Distributor

Retail Store

Corporate Reseller

E-Commerce

Dealer

OEM

Exporter

Other:

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THANK YOU

(2) Which of the following describes your company's total monthly Cellular Phone Accessories purchases with all sources? (Please mark one)

- Less than \$10,000 \$10,000-\$49,999
- \$100,000-\$299,999 \$300,000-\$499,999
- \$1,000,000-\$10,000,000 \$10,000,000+

(3) How many employee(s) in your company? (Please mark one)

1-5 6-10 11-20 21-50 51-100

(4) **PLEASE DO NOT COPY** What were your company's total revenues last year? (Please mark one)

- Less than \$100,000
- \$1,000,000-\$4,999,999

(5) Is there a parent company? Yes No

If Yes, Parent Company's Name:

Address: **THIS DOCUMENT**

Does Parent Company guarantee debts? Yes No

(6) Does your company have any branch offices? Yes, we have ____ branch offices No

Please list the addresses of any branch offices your company has. If your company has more than 3 branch locations, please attach a separate sheet with the addresses of those branches.

THANK YOU

Street address Street address Street address

City, state, zip code City, state, zip code City, state, zip code

(7) How did you find out about [COMPANY NAME]?

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Trade Show (which one?)

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Referred by another company (which company?)

Advertisement (please describe)

Internet (which site?) **PLEASE DO NOT COPY**

Other (please specify)

In order to process your application, we require your signature to access your bank account information. Please complete and sign the following form:

Company Name

Bank Name

Account Number

Address

City

State

Zip Code

The applicant hereby authorizes the release of credit and banking information by the references listed in this application to [COMPANY NAME].

Name (please print)

Title

Signature
THANK YOU

*PLEASE FAX THIS FORM BACK TO OUR [DEPARTMENT] DEPARTMENT AT [NUMBER].

[COMPANY NAME] **LegalFormsForTexas.Com**

[ADDRESS]

[CITY, STATE, ZIP]

[PHONE NUMBER]

[FAX NUMBER]

PREVIEW

CONTINUING GUARANTY

This Continuing Guaranty ("Guaranty") is made this ___ day of _____, [YEAR] by

_____, whose address is _____
("Guarantor") in favor of [COMPANY NAME], a [STATE] corporation.

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RECITALS

WHEREAS, "[NAME]" is a vendor of [TYPE OF PRODUCTS] products;

WHEREAS, _____ is the owner and principal of _____

("Company");

WHEREAS, as a condition for continuing to do business with Company, "[NAME]" requires that Guarantor unconditionally guarantee all present and future obligations of Company to

[COMPANY NAME] and

WHEREAS, Guarantor believes that it is in Guarantor's best interest to provide the requested Guaranty and has voluntarily agreed to execute this Guaranty;

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which are acknowledged by Guarantor, Guarantor agrees as follows:

1. Guarantor hereby unconditionally guarantees the performance all present and future payment and other obligations of Company to [NAME OF COMPANY]. This Guaranty shall be an absolute, irrevocable and continuing Guaranty.

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2. The rights and remedies arising under this Guaranty shall be independent of any rights and remedies [COMPANY NAME] may have under any other agreement or at law.

[COMPANY NAME] shall not be required to proceed first or at all against Company or any other person before enforcing the terms of this Guaranty.

3. In the event “[NAME]” brings an action to enforce this Guaranty, [COMPANY NAME] will be entitled to recover its reasonable attorneys' fees and costs.

4. All reports, financial statements, and information given to [COMPANY NAME] by Guarantor or Company shall be true and correct.

5. The obligations of the Guarantor shall not be diminished or discharged by any delay or extension of time that may granted by “[NAME]”, by any course of dealing between “[NAME]” and the Company, by the release of any other obligor or any collateral, or by any other act, omission, or circumstance. Specifically and without in any way narrowing the scope of the foregoing waivers, the Guarantor waives any and all rights of notice, demand, presentation, subrogation, reimbursement, indemnification, contribution, election of remedies, and other rights and defenses that are or may become available to Guarantor by reason of [STATE] Civil Code [CODE(S)], the [STATE] Commercial Code, or other statutory or decisional law.

6. This Guaranty and all obligations of the Guarantor hereunder shall be binding upon the successors and assigns of such Guarantor (including a trustee or debtor-in-possession on behalf of such Guarantor and shall inure to the benefit of Beneficiary and its successors and assigns and any assignee of the Contract.

7. This Guaranty is intended as a final expression of this agreement of guaranty and is a complete and exclusive statement of the terms of this agreement.

Guarantor's Signature _____ Title (owner, president only)

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Guarantor's Full Name (Typed or Printed) _____ Social Security Number _____
(Passport or ID number for international customer) _____

PREVIEW

CREDIT CARD AUTHORIZATION FORM

Card Type (circle one): M/C VISA DISCOVER AMEX

Card Number: _____

Expiration Date: ____/____

Credit Limit: \$ ^{MM} _____ ^{YYYY} _____ Daily Limit: \$ _____

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V. NUMBER (VISA): _____

THE LAST 3 DIGITS AFTER 16 DIGITS ACCOUNT NUMBER FROM THE BACK OF CREDIT CARD.

CUSTOMER NUMBER (MASTER): _____

THE LAST 3 DIGITS AFTER 16 DIGITS ACCOUNT NUMBER FROM THE BACK OF CREDIT CARD.

THIS DOCUMENT

Card Holders Name: _____

(Exactly as it appears on the credit card)

Billing Address: _____

Shipping Address: _____

City _____

THANK YOU

State _____

Zip Code _____

State _____

Zip _____

Code _____

Card Holder Phone Number:() _____ - _____

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I hereby authorize [COMPANY NAME] to charge my credit card for the purchase/service made,
placed by myself, my company, its principals, and or/its representatives.

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The information contained herein is true and accurate to the best of my knowledge and is considered confidential.

I accept the terms and conditions set forth in the corresponding credit card agreement and [COMPANY NAME] sales policies.

Card Holder Signature: _____

Card Holder Name (PRINT): _____

Date Of Signature: ____/____/____

PLEASE attach a copy of the credit card (front and back side) and driver license. Fax back to [COMPANY NAME AND FAX].

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THIS DOCUMENT

THANK YOU

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