



1701 Green Road Suite D
Pompano Beach, Florida 33064
Office: (954) 571-1976
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New Customer Application Form

COMPANY INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Entity Type: Corp _____ S-Corp _____ LLC _____ Sole Proprietorship _____ Other _____

Nature of Business: Wholesale _____ Retail _____ MVNO _____ Distributor _____ Other _____

Years in Operation: _____

Contact Name: _____

Office: _____ Cell: _____

E-mail: _____

PRESIDENT / OWNER INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

BANKING INFORMATION

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ How Many Years: _____

Contact: _____ Phone Number: _____

Account(s) #: _____

TAX INFORMATION

D & B (DUNS) #: _____ Federal Tax Id: _____

Tax Exempt #: _____ ** Must attach copy of sales tax registration certificate and Business License.*

TRADE REFERENCES

Name: _____

Phone Number: _____

Contact: _____

Email of Contact: _____

Terms/Credit Limit: _____

Name: _____

Phone Number: _____

Contact: _____

Email of Contact: _____

Terms/Credit Limit: _____