

**TopcellularUSA inc.**  
**CUSTOMER REFERENCE & INFORMATION**

DATE: \_\_\_/\_\_\_/\_\_\_ (note: this form must be filled out completely, signed and faxed to us before we can process your order)

All information contained herein will be kept strictly confidential and will be used solely for the purposes of TopcellularUSA inc. Kindly write legibly or type the information. Please fax this page to 714-835-8000 along with your Reseller's Permit. Thank you.

Company name: \_\_\_\_\_ DBA: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Name (Owner or Corporate Officer): \_\_\_\_\_ Title: \_\_\_\_\_  
Type of Business \_\_\_\_\_ Established since: \_\_\_\_\_  
Business Structure: (check one)  
 Corporation  Partnership  **Sole Proprietorship**  LLP  **LLC**

State Reseller Certificate#: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_

Federal Tax ID# (If Corporation/LLP/LLC): \_\_\_\_\_

Social Security# (If Partnership/Sole Proprietorship): \_\_\_\_\_

**Bank References:**

Kindly list banking Institutions you have an account with and number of years you have been with them.

Bank Name	Account No.	Contact Person	Address	Phone No.

**Trade References:**

Other Industry accessory references are required.

Kindly list a minimum of three companies from whom you purchase.

Company	Address, City, State, Zip	Phone #	Fax #
1) _____			
2) _____			
3) _____			

<b>Company Name</b>	<b>Authorized Signature</b>
_____	_____

<b>Date</b>	<b>Print Name and Title</b>
_____	_____

**Please make sure to fax your Reseller's Permit along with this page to 714-835-8000. Thank you.**

I/We certify that the information provided in this application and financial statements I/we might give you in connection with it, is complete and correct as of the date set forth opposite my/our signature/s on this application and acknowledge my/our understanding that any intentional or negligent misinterpretation/s may result in civil liability and / or criminal penalties including, but not limited to, fine or imprisonment or both. In case of a returned check the I/we agree to pay a \$15.00 fee in addition to paying interest on payments past due at the rate of 18% per annum (or the highest allowable under applicable state law, whichever is less,) and, In case it becomes necessary for TopcellularUSA, Inc to retain the services of an attorney to assist in the collection of any amounts past due, to pay TopcellularUSA, Inc attorney fees. I/We understand there will be no refunds allowed after 15 days from date of invoice. I/We authorize TopcellularUSA, Inc to verify all my/our statements with any source, to periodically check my credit history, and to contact credit-reporting agencies. I/We authorize employer/s, my/our banks, and any reference listed in the application to release or verify information to TopcellularUSA, Inc A photocopy or other reproduction of this application held by TopcellularUSA, Inc will be considered as valid and original. I/We agree that TopcellularUSA, Inc may obtain my/our most current residence address from the department of Motor Vehicles (CA) or Department of Highway Safety and Motor Vehicles (FL). CA residents: I/We waive the requirements of section 1808.21 of California Vehicle Code. The laws of the State of California shall govern the interpretation and enforcement.