



Topcellusa
 A division of: TopcellularUSA inc.
 1236 E. Edinger Ave
 Tel: (714) 631 7800 Fax: (714) 835-8000
 Email: Ash@topcellusa.com

Credit References & Information

This form must be filled out completely, signed, and faxed (or scan/email) 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. dba TopCellUsa.

Kindly write legibly or type the information Fax(714)835-8000 With your Reseller Permit Thanks ash@topcellusa.com

Date:			
Company Name & DBA:			
Billing Address:		City, ST, Zip	
Phone:		Fax:	
Email:			
Shipping Address (if not same as billing):		City, ST, Zip	

Owner First & Last name		Title:	
Type of Business (incorporated, limited liability, sole proprietor):			
State Reseller Certificate #:			
Federal Tax ID # (if LLC or Inc)		SSN # (if sole proprietor):	
Primary Business (distributor, retail, water, gas)		Business start date:	

Bank References: Please list banking institutions you have an account with.			
Bank Name	Address, City, ST, Zip	Account #	Contact

Trade References: Please list a <u>minimum</u> of <u>three</u> companies from whom you purchase.			
Company	Address, City, ST, Zip	Phone #	Email

Authorized Signature	
Print owner/officer name	
Date	

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 s 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 lia and/or criminal penalties including, but no limited to, fine or imprisonment or both. In case of a returned check 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 necess: 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, periodically check my credit history, and to contact credit-reporting agencies. I/We authorize employers, 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 valic 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 Califor shall govern the interpretation and enforcement.

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