



399 Main Street Suite 5, Lodi, NJ 07644
Tel: 1-866-939-3608 Fax: (973) 470-8144

Web: <http://www.triple7cellular.com> Email: sales@triple7cellular.com

NEW ACCOUNT APPLICATION

1. Please fill the attached application completely.
2. Print application and fax or mail to Triple 7 Cellular Inc.
3. Fax Business License issued by your city
4. Fax Seller's Permit (To avoid sales tax charge)

NEW ACCOUNT APPLICATION

Company Name	Address
Shipping Address (if different)	City
City	State
State	Zip
Zip	Contact Name
Phone #	Fax #
E-mail	Date Business Established
State of Incorporation (if applicable)	Federal Tax I.D.

Triple 7 Cellular Inc.
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Bank Reference

Name:
Phone #:
Address:
City:
State:
Zip:
Bank Account #:
Contact:

Trade Reference

Name:
Phone #:
Address:
City:
State:
Zip:
Account #:
Contact:

Trade Reference

Name:
Phone #:
Address:
City:
State:
Zip:
Account #:
Contact:

I CERTIFY TO THE TRUTH OF MY STATEMENTS ABOVE AND AUTHORIZE TRIPLE 7 CELLULAR INC. TO OBTAIN CREDIT REPORTS IN CONNECTION WITH THIS APPLICATION AND TO VERIFY WITH ANY PERSON THE INFORMATION CONTAINED HEREIN AND ANY UPDATE, RENEWAL OR EXTENSION HEREOF. IF IT DOES SOME I WILL, UPON REQUEST, BE INFORMED OF THE NAME AND ADDRESS OF ANY CREDIT BUREAU OR BANKS THAT IS CONTACTED. YOU MUST ALSO READ PRODUCT RETURN POLICY ATTACHED AND AGREE TO THE TERMS SPECIFIED WITHIN.

Please mail or fax the original form to Triple 7 Cellular Inc. We are required to have your actual signature on file. This will avoid future shipments being delayed.

Name (Print) _____ Title _____
Signature _____ Date _____

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