



650 Montauk Hwy. #18
 Bayport NY 11705
 PHONE: (516) 214-0321
 FAX: (516) 882-7261
www.gnswireless.com

APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS INFORMATION – Must be completed

Legal Name:			
DBA Name (if different from Legal Name):			
Billing Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
Shipping Address:		City:	State: Zip:
Federal Tax ID:		State Tax ID:	Year Business Started:
Purchasing Contact:		Phone:	Email:
Accounts Payable Contact:			
Phone:	Fax (for invoices):		Email:
Business Website: www.			# of Employees:
Type of Business:		Own or Rent Business Premises:	
Do you sell Network Accessories:	Yes:	No:	If yes list manufactures:
Are you a Wireless ISP:	Yes:	No:	Number of Locations:
Sole Proprietorship:	Corporation:	Partnership:	LLC: Other: (indicate type)
GNS Sales Rep:	How did you hear about us?		

METHOD OF PAYMENT – Pick all that apply

<input type="checkbox"/> Credit Card: (Please Note: We will not charge your customers credit card.)			
Business Card:	Yes:	No:	Business/Name on Card: Card Type:
Address:		City:	State: Zip:
Card Number:		Exp. Date:	Security Code:
<input type="checkbox"/> C.O.D: Money Order/Cashiers Check ONLY:			
<input type="checkbox"/> C.O.D: Company Checks: (NO Personal Checks) (CREDIT CHECK MAY BE REQUIRED) - Please sign below & fill out page 2			
<input type="checkbox"/> Wire Transfer/Electronic Payment: Please ask your GNS WIRELESS sales rep for details.			
<input type="checkbox"/> Open Account: (CREDIT CHECK REQUIRED) – Please fill out below, sign & complete page 2 Credit Application			
--Please provide a copy of your business or resale license to complete the application--			

I/We certify that the above information is complete and accurate.

AUTHORIZED SIGNATURE: _____ **Date:** _____
(MUST BE SIGNED)

Print Name: _____ **Title:** _____



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CREDIT APPLICATION
 (COMPANY CHECKS & CREDIT REQUESTS)

BANKING REFERENCES

Bank Name:			Contact:		
Address:		City:		State:	Zip:
Phone:	Fax:	E-mail:			
Type of Account:			Account Number:		

TRADE REFERENCES

Business Name	Account #	Phone #	Fax #

BUSINESS OWNERS, PARTNERS, & OFFICERS

List all Owners, Partners or Officers of Business:

Name:		Title:		SS#:	
Residential Address:			City:		State:
Percent of Ownership:	Residential Phone:		E-mail:		
Name:		Title:		SS#:	
Residential Address:			City:		State:
Percent of Ownership:	Residential Phone:		E-mail:		

AGREEMENT/CREDIT TERMS

Each undersigned individual authorizes release of any credit reference information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving, and trade accounts to **GNS WIRELESS LLC**. Such authorized shall extend to subsequently for the purpose of update, renewal or extension of credit, and for reviewing or collecting the resulting account.

SIGNATURES

By: _____ (Authorized Signature in Behalf of Company) Name: _____ (Print) Title: _____ Date: _____	By: _____ (Authorized Signature in Behalf of Company) Name: _____ (Print) Title: _____ Date: _____
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ALL NET 30 & COMPANY CHECK APPLICANTS MUST FILL OUT ENTIRE APPLICATION.