



1295 S. Lewis St.
Anaheim, CA 92805
Tele: 714.829.1660
Fax: 714.475.0472

OFFICE USE ONLY

TERMS _____ DATE _____
CREDIT LINE _____ REP _____
APPROVAL BY _____ ACCT# _____

APPLICATION FOR ACCOUNT

Date: _____

Business Name _____
DBA _____

Bill To: _____ Ship To: _____
Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Date Business Started: _____ Requested Credit Line: _____ Name of Bookkeeper: _____
Type of Account Requested: CASH CHECK TERMS

IF INDIVIDUAL OWNERSHIP

Owner Name: _____
Home Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Social Security Number: _____ Driver License Number: _____

IF PARTNERSHIP

Partner Name: _____ Home Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Social Security Number: _____ Driver License Number: _____

Partner Name: _____ Home Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Social Security Number: _____ Driver License Number: _____

IF CORPORATION

Federal Tax ID Number: _____ Date of Incorporation: _____
State of Incorporation: _____ Corporation Charter Number: _____

Registered Agent Name & Address:

C2W Account Application for Terms

OFFICERS/SHAREHOLDERS (over 25%)

Name	Title	Social Security Number	Phone Number	Home Address
_____	_____	_____	_____	_____

BANK REFERENCE

Bank Name: _____ **Account Number:** _____
Mailing Address: _____ Phone Number: _____
City: _____ State: _____ Zip _____

TRADE REFERENCES - Please list Name, Address, and Phone Number in full.

1) Name: _____ Account Number: _____
Mailing Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
2) Name: _____ Account Number: _____
Mailing Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
3) Name: _____ Account Number: _____
Mailing Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____

INTEREST

A monthly late charge shall accrue on any amount not paid in accordance with the terms on the invoice at the lesser of one and one-half percent (1 1/2%) per month or the maximum rate permitted by applicable law.

RESTOCKING/REFUSAL

- 1) If a shipment is refused or fails to be accepted for any reason, there will be a 10% restocking charge plus actual freight charges incurred.
- 2) There will be a 10% restocking charge on all returned merchandise unless such charge is waived in writing in advance of such return.

TERMS

All terms are net 30 days from the date of invoice unless otherwise specified on invoice or agreed to in writing by C2W

CREDIT CHECK AUTHORIZATION

Execution indicates authorization to review the credit of all parties set out in this agreement at initiation or any time thereafter.

I have read and understand the above agreement and agree to its terms and conditions.

Company Name _____
By _____
Date _____
Title _____

PERSONAL GUARANTY

To induce WSHGI D -B-A C2W to extend credit to _____ (Debtor) pursuant to this Credit Agreement, the under-
signed

(Print Name) _____ hereby absolutely and unconditionally guarantees to Creditor the prompt and full payment when due according to the terms of this Credit Agreement, together with all interest thereon and all attorney fees, costs, and expenses incurred by Creditor in collection of such indebtedness and liability.

Print Name _____
Signature _____
Address _____

Social Security Number _____
Date _____
STATE OF _____
COUNTY OF _____
SWORN TO AND SUBSCRIBED before me this _____ of 19 _____.

Notary Public, State of _____
Printed Name _____
My commission expires: _____

RESALE CERTIFICATE

The undersigned holder of Limited Sales Tax Permit No. _____ under the authority of the Limited Sales, Excise, and Use Tax Act, (TWX, TAX. GEN. ANN. Art. 20.01 ET seq.) Claims the right to make a non-taxable purchase for resale of taxable items from:

C2Wireless 1295 S. Lewis St. Anaheim, CA 92805

Taxable item purchases will be resold, rented, or leased by purchaser within the geographical limits of the United States, its territories or possessions in the normal course of business either in the form or condition in which purchased, or as an attachment to, or integral part of other tangible personal property. Description of items (or an attached order or invoice) to be purchased:

**AUTOMOTIVE ELECTRONIC EQUIPMENT and ACCESSORIES, CELLULAR TELEPHONES and ACCESSORIES,
SECURITY EQUIPMENT and ACCESSORIES**

I understand that I will be liable for payment of the Use Tax if I fail to comply with the applicable provisions of the Limited Sales, Excise, and Use Tax Act and Comptroller Rules regarding purchases of taxable items for resale.

It is a misdemeanor to give a Resale Certificate to the seller for taxable items, which I know at the time of purchase, will be used in any manner other than that expressed in this certificate, and upon conviction I understand that I may be fined up to \$500 per offense.

AN OUT-OF-STATE RETAILER PURCHASING FOR RESALE IN HIS HOME STATE MAY VALIDATE THE RESALE CERTIFICATE WITH THE SALES TAX PERMIT NUMBER OR CERTIFICATE OF AUTHORITY NUMBER ISSUED BY HIS STATE.

Name of Purchaser: _____ Address: _____
Purchaser Signature: _____ Date: _____

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.
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