



3301 E. Deseret Drive, St. George, UT 84790, Phone (800) 204-4104, Fax (435) 656-2432

www.wilsonelectronics.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:

Business Website: www.

# of Employees:

Type of Business:

Own or Rent Business Premises:

Do you sell Cellular Service:

Yes:

No:

If yes list providers:

Do you sell Cellular accessories:

Yes:

No:

Number of Locations:

Sole Proprietorship:

Corporation:

Partnership:

LLC:

Other: (indicate type)

Wilson Sales Rep:

How did you hear about us?

### METHOD OF PAYMENT – Pick all that apply

**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:

**PayPal:** Submit payments to [payment@wilsonelectronics.com](mailto:payment@wilsonelectronics.com)

**C.O.D:** Money Order/Cashiers Check ONLY:

**C.O.D:** Company Checks: (NO Personal Checks) **(CREDIT CHECK MAY BE REQUIRED)** - Please sign below & fill out page 2

**Wire Transfer/Electronic Payment:** Please ask your Wilson sales rep for details.

**Open Account: (CREDIT CHECK REQUIRED)** – Please fill out below, sign & complete page 2 Credit Application

Amount of Credit Request:

Accounts Payable Contact:

Phone:

Fax:

E-mail:

--Please provide a copy of our 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: \_\_\_\_\_

