



1842 Barranca Pkwy.  
Irvine, CA 92606  
Tel: 714.829.1660  
Fax: 714.475.0472

**OFFICE USE ONLY**

**TERMS** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**CREDIT LINE** \_\_\_\_\_ **REP** \_\_\_\_\_  
**APPROVAL BY** \_\_\_\_\_ **ACCT** \_\_\_\_\_

**APPLICATION FOR ACCOUNT**

Date: \_\_\_\_\_ Attn to: \_\_\_\_\_ How did you hear of us? \_\_\_\_\_

**Business Name** \_\_\_\_\_

**DBA** \_\_\_\_\_

Bill To: \_\_\_\_\_ Ship To: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Accounts Payables Email: \_\_\_\_\_

Buyer Email: \_\_\_\_\_ Buyer Direct Phone #: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Name of Bookkeeper: \_\_\_\_\_

Requested Credit Line: \_\_\_\_\_ 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:

\_\_\_\_\_  
\_\_\_\_\_

*I certify that the information above is true to the best of my knowledge.*

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 undersigned

(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 \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ of 20 \_\_\_\_\_ .

**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:

C2 Wireless                      1842 Barranca Pkwy. Irvine, CA 92606

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.*  
**WSHGI D/B/A C2 Wireless 1842 Barranca Pkwy., Irvine, CA 92606 Ph: 714.829.1660 Fax: 714.475.0472**



To be completed by company representative

C2 Wireless Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ ABA/Routing Number \_\_\_\_\_

Account Number (#1) \_\_\_\_\_ Account Number (#2) \_\_\_\_\_

Bank Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Phone Number \_\_\_\_\_ Bank Fax Number \_\_\_\_\_

Please release the information requested below concerning my account(s):

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by bank representative

Account #1: Account #: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Type of Account:  Checking  Savings  Loan  Line of Credit (available credit) \$ \_\_\_\_\_

Current Balance: \_\_\_\_\_ Average Balance: \_\_\_\_\_ Payments:  Prompt  Slow (Days) \_\_\_\_\_

NSF? (for checking)  No  Yes (Date) \_\_\_\_\_ Secured? (for loans)  Yes  No

Account #2: Account #: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Type of Account:  Checking  Savings  Loan  Line of Credit (available credit) \$ \_\_\_\_\_

Current Balance: \_\_\_\_\_ Average Balance: \_\_\_\_\_ Payments:  Prompt  Slow (Days) \_\_\_\_\_

NSF? (for checking)  No  Yes (Date) \_\_\_\_\_ Secured? (for loans)  Yes  No

Bank Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_

Bank Stamp:

Most banking institutions now require a client's written consent before they will release any information about an account. To ensure speedy processing of your request for an open account, please have your bank complete Section II and fax or mail response to:

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