



WaveWare

# Account Application

WaveWare Technologies, Inc.

2630 National Dr.

Phone: 1.800.373.1466

Garland, Texas 75041

Fax: 972.479.1735

Customer ID  
(For Office Use)  
www.WirelessMessaging.com

You may Complete this Form On-Line, then Click the Submit Button to Email to WaveWare or Print Empty Form, Complete and then Fax to WaveWare.

Terms Requested:  Net 30  COD  Company Check  Credit Card Credit Line Requested: \$ \_\_\_\_\_

## Company Information

Legal Name of Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Trade Name (DBA): \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Business Address 2: \_\_\_\_\_ Contact Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  Corporation  Proprietorship  Partnership  
 Billing Address: \_\_\_\_\_ Tax Exempt Number: \_\_\_\_\_  
 Billing Address 2: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Operated From:  Commercial Building  Home  
 Time at Address: \_\_\_\_\_  Rent/Lease  Own Years in Business: \_\_\_\_\_

## Principals

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Bank Information

Bank Name: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_ Bank Fax Number: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_ 2nd Bank Account Number: \_\_\_\_\_

## Trade / References Information

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Company Contact Name: \_\_\_\_\_ Company Contact E-Mail: \_\_\_\_\_  
 Company Contact Phone Number: \_\_\_\_\_ Company Contact Fax Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
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Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Company Contact Name: \_\_\_\_\_ Company Contact E-Mail: \_\_\_\_\_  
 Company Contact Phone Number: \_\_\_\_\_ Company Contact Fax Number: \_\_\_\_\_

## Credit Terms Agreement

I Agree to Pay by the Net30 Day Terms and that all Information Stated within this Credit Agreement is True.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signed By: \_\_\_\_\_  
 Print Name Signature