

OneSourceCellular

383 Kingston Ave, Suite136 · Brooklyn, New York 11213 · Phone 718.369.1766 · Fax 877.302.7009

Credit Application

Please complete in full. Any omissions will delay processing of this application.

LEGAL NAME	DBA
SHIP TO ADDRESS	PHONE FAX
CITY STATE ZIP	E-MAIL: <input type="checkbox"/> CORPORATION, <input type="checkbox"/> PARTNERSHIP, <input type="checkbox"/> SOLE PROPRIETORSHIP
BILL TO ADDRESS	STATE OF CORPORATION: _____ YEARS IN BUSINESS: _____
CITY STATE ZIP	DUN & BRADSTREET NO. TAX ID NO.
ACCOUNTS PAYABLE CONTACT	PURCHASING CONTACT

Principal Stockholder, Owners, Partners

NAME	NAME
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.

Bank References

FINANCIAL INSTITUTION	FINANCIAL INSTITUTION
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
<u>LOCAL BANK PHONE NUMBER !</u> <u>LOCAL BANK FAX NUMBER !</u>	CONTACT PHONE
ACCOUNT NUMBER <u>BANK CONTACT !</u>	ACCOUNT NUMBER

Trade References

COMPANY NAME	CITY	PHONE NUMBER	CONTACT
COMPANY NAME	CITY	PHONE NUMBER	CONTACT
COMPANY NAME	CITY	PHONE NUMBER	CONTACT

I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary including information regarding accounts, loans, or line of credit information and payment history to assist in establishing a line of credit with OCS Inc.

SIGNATURE

PRINT NAME

TITLE

DATE

Please complete the above and fax to 877.302.7009 - Then mail originals to the address listed above.