



Executive Office of SnH Wireless:
1400 Ave Z
Brooklyn New York 11235

\*\*Dealer's Application\*\*

Please fill out the form in its entirety, If you have any questions feel free to call us.

Company Name

Parent Company

Billing Address (Street, City, State, Zip)

Shipping Address (Street, City, State, Zip)

Ownership: Partnership | Corporation | Year EST. | State:
Number Fax E-Mail

Names & Addresses of Officers or Partners:

Name Title:
Address State: Zip: D.L. #
Name Title:
Address State: Zip: D.L. #
Name Title:
Address State: Zip: D.L. #
Tax ID # EST:

Contact INFO:

Buyer's Full Name Accounts Payable
E-Mail Type of Company:

Primary Products: # of Employees EST Annual Sales \$
Resellers # Type of Account Requesting: COD | Company Check

(Personal guarantee must be on file in order to setup a COD Company Check Account)

Has this firm or any of it's principals ever file for bankruptcy?

Bank Reference: Checking | Lone | Savings | Bank
Account Number Contact Person Num:

Industry Trade Reference:

(List ONLY those from whom you buy on an "open" account)

Name Title:
Address Tel:
Name Title:
Address Tel:
Name Title:
Address Tel:
Name Title:
Address Tel:

**Facsimile copy of this account application and its authorizations are as valid as its original.**

If Applicant fails to pay the balance within 10 days of due date, a 15% late fee will be applied to the existing balance. In the event Applicant fails to make the aforementioned payment when due, SnH Wireless LLC., has the right to send Applicant's account to collection agency and Applicant agrees to pay any collection costs incurred to collect the unpaid balance and late fee, including but not limited to reasonable attorney's fees, costs of any action and disbursements. Returned checks are subject to \$20.00 fee for the first check and \$50 each thereafter. This is in addition to any liquidated damages allowed by the General obligations law. Applicant agrees to indemnify and hold SnH Wireless LLC., harmless for any damages arising out of this transaction.

**Our Policy:** <http://snhwireless.com/html/policy.htm>

**The undersigned is required to submit financial statements if COD Company Check is requested. Applicant must include a copy of Reseller/Sellers Permit and/or business license with this application.**

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Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
 Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**Fill out the form in its entirety and return via fax ASAP; therefore an account Specialist may look over the form. Please fax to 347 223 5951.**

**Personal Guaranty may be found on "Page 3"**

**\*\*\*\*\*EDITING THIS LEGAL DOCUMENT WITH OUT AUTHORIZATION IS VIOLATING THE LAW\*\*\*\*\***

**For office use only:**

**Date Line of Credit Approved: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Approved By: \_\_\_\_\_**

**Date Line of Credit Denied: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Denied By: \_\_\_\_\_**

**Comments: \_\_\_\_\_**  
 \_\_\_\_\_  
 \_\_\_\_\_



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**GUARANTY FOR COD COMPANY CHECKS**

The undersigned, \_\_\_\_\_ ("Guarantor") of \_\_\_\_\_, having a

**(Names of individual and spouse)**

**(Company Name)**

Financial interest in Applicant, and benefiting from the transactions contemplated by this Agreement, hereby personally guarantees the payment by Applicant to SnH Wireless of all amounts due and owing now, and from time to time hereafter. Guarantor expressly waives notice from SnH Wireless of its acceptance and reliance on this personal guaranty, notice of sales made to Applicant, and notice of default by Applicant. The obligations of Guarantor hereunder shall not be affected, excused, modified or impaired upon the happening, from time to time of any event. No set-off, counterclaim or reduction of any obligation, or any defense of any kind or nature which the Guarantor has or may have against Applicant or SnH Wireless shall be available hereunder to the Guarantor against SnH Wireless LLC in the event of a default by Applicant on its obligation to SnH Wireless. SnH Wireless may proceed directly to enforce its rights hereunder and shall have the right to proceed first against Guarantor without proceeding with, or exhausting, any other remedies it may have. Guarantor agrees to pay all costs, expenses, and fees, including reasonable attorney's fees, which may be incurred by SnH Wireless in enforcing this personal guaranty or protecting its rights following any default on the part of Guarantor. Guarantor agrees that an interest charge of 15% per month, or the highest rate permitted by law, whichever is more, shall be assessed on any amount due and owing to SnH Wireless by Guarantor under this personal guaranty until collected. This personal guaranty shall be binding upon Guarantor, the Guarantor's heirs, successors, assignees, representatives and survivors, and shall inure to the benefit of SnH Wireless its successors and assigns. This personal guaranty shall be governed by and interpreted with the laws and decisions of the State of New York.

**Personal Guarantee must be signed for all accounts other than "pre-paid wires and certified checks". If you have confidence in your ability to pay then signing the below noted should not be an issue. Also be advised that SnH Wireless has a "no tolerance" policy regarding late payment or bad checks. We will not send any notice of "Payment Due". We will institute legal proceeding immediately.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Address \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_

Souse:  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Address \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_

Date Signed: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Signed: \_\_\_\_\_ Initials: \_\_\_\_\_

**PLEASE FAX BACK TO (347) 223 5951 WITH A COPY OF VALID DRIVERS LICENSE AND SOCAIL SECURITY. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**