



46571 Fremont Blvd
 Fremont, CA 94538
 TEL: 510-490-6768
 FAX: 510-580-1171

RESELLER APPLICATION FORM

Name of Business: _____

Billing Address: _____

Owner: _____ SSN: _____ DL# : _____

Tel: _____ Fax: _____ Tax ID: _____

Please fax a company void check copy Website: _____ Years in Business: _____

Business Type: Sole Proprietorship Partnership Corporation State ID #: _____

Bank References

Bank Name: _____ Acct. #: _____

Address: _____

Tel: _____ Fax: _____ Contact: _____

Trade References

1.) Name: _____ Contact: _____

Tel: _____ Fax: _____

Address: _____

2.) Name: _____ Contact: _____

Tel: _____ Fax: _____

Address: _____

3.) Name: _____ Contact: _____

Tel: _____ Fax: _____

Address: _____

I certify that the information provided in this application is, to the best of my knowledge, correct. I understand that Media Wave, Inc. will treat all of the information, which I have provided as confidential. I also understand that in the event it becomes necessary to file a lien, suit, or engage a collection agency or attorney, I/We agree to bear all expenses of collection including but not limited to court costs, interest and reasonable attorney's fees. I/We agree and acknowledge that the Superior Court of California, in and for the County of Alameda, USA is the proper venue and jurisdiction for the litigation of, or performance of any matters relating to this credit application, or the account.

To the above Bank Customer Service:

I hereby authorize our bank to release information to assist in establishing a line of credit.

Your Name and Title: _____ Signature: _____ Date: _____