

DECHO WIRELESS WHOLESALE FORM

Customer Information

Business Name		Date Established
DBA	Phone #	Fax #
Address		
City	State	Zip
How Long at Address?	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Email Address

COMPANY DATA

<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietor	
Resale Number	Federal Tax ID/ SS# (for individuals)

PRINCIPALS OF FIRM

Officer/Owner Name	SSN : DL#:	Phone #
Officer/Owner Name	SSN : DL#:	Phone # ()

PROFESSIONAL REFERENCE INFORMATION 1

Business Name	Phone #	Fax # ()
Address		Contact

PROFESSIONAL REFERENCE INFORMATION 2

Business Name	Phone # ()	Fax # ()
Address		Contact

PROFESSIONAL REFERENCE INFORMATION 3

Business Name	Phone # ()	Fax # ()
Address		Contact