



# Customer Application

**Please Note:** Upon remittance, please include a copy of your reseller’s certificate. It is Vertex Wireless practice to decline incomplete applications.

**Legal Name of Firm/DBA:** \_\_\_\_\_

**If Subsidiary, Name of Parent Company:** \_\_\_\_\_

FEIN: \_\_\_\_\_ Year Established: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**Business Mailing Address**

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Shipping Address**

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Bureau: \_\_\_\_\_ Credit Bureau ID or Number: \_\_\_\_\_

No. of Locations: \_\_\_\_\_ State Reseller’s Permit No: \_\_\_\_\_ Issued State: \_\_\_\_\_

Location (Check all that Apply)

Own  Rent  Warehouse  Storefront  Other

Years at present location: \_\_\_\_\_ If less than 5 years, please provide previous address

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Names of Principle Officers, Partners, Owners or Members:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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## Accounts Payable Contact

Name:	_____	Title:	_____
Email:	_____	Phone:	_____
		Fax:	_____

## Authorized Purchasing Agent

Name:	_____	Title:	_____
Email:	_____	Phone:	_____
		Fax:	_____

Sales Tax Status:    Nontaxable             Taxable

**(If nontaxable, please complete the Uniform Sales and Use Tax Resale Certificate provided)**

### TERMS

Customer agrees to inspect all material immediately upon delivery to verify: (a) the quantities described on the accompanying delivery ticket(s) are the quantities delivered; and, (b) there are no visible defects in the product. The customer also agrees to examine all delivery tickets and invoices upon receipt. Unless the customer gives Vertex notice by email at [gp-act@vertexwireless.com](mailto:gp-act@vertexwireless.com), within three (3) business days of delivery, the customer waives any claim customer may have against Vertex for any deficiency or defect in said delivery, product, or repair and any objection customer may have to the amount of the invoice.

The customer shall indemnify and hold Vertex harmless against any and all claims, demands, liabilities, losses, damages and injuries of whatsoever kind or nature, and all attorney's fees, costs and expenses relating to or in any way arising out of the ordering, acquisition, delivery, installation, possession, maintenance, use, operation, control, loss, damage, destruction, return, surrender, sale or other disposition of the product purchased. This indemnity shall not be affected by any termination of this Agreement with respect to any such product purchased



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Name of Firm or Corporation: \_\_\_\_\_

Signed by (Officer of Company): \_\_\_\_\_

Officer Phone#: \_\_\_\_\_

## Vertex Wireless

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return Application To:  
**Vertex Wireless, LLC**  
ATTN: Finance Dept.  
500 Wegner Drive  
West Chicago, IL 60185  
Tel: (630) 293-6300 Fax: (630) 293-3340