

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: Please Select			
D					
Business Mailing Address		Addross Li	ino 2:		
Address Line 1:	Address Line 2:				
City:		5tate	Σιρ.		
Business Shipping Address					
	ine 1:Address Line 2:				
City:		State:	Zip:		
Email:		Phone:		«:	
Credit Bureau: Please Select			-		
No. of Locations:	State Reseller	's Permit No:	lssu	ed State:	
La antinu (Charle all that Assah)					
Location (Check all that Apply) Own Rent		house 🗍	Storefront	Othor	
Owii Keiit	vvare	nouse	Storenont	Other	
Years at present location:	If less than 5 ve	ears, please pi	rovide previous add	lress	
·	present location: If less than 5 years, please provide previous address Line 1:Address Line 2:				
	State: Zip:				
		<u> </u>			
Credit Line Requested:					
Names of Principal Officers, Pa	artners, Owners o				
Name:				_	
Email:		Phone:	F	ax:	
Name:		Title:			
Email:	[Phone:	F	ax:	
Name:		Title:			
Email:	ſ	Phone:	F	ax:	
Name:		Title:			
Email:			Г	ax:	
		Phone:		αλ	
Name:		Title:			
Email:		Phone:	F	ax:	



Accounts Payable Contact Name: Title: Phone: **Authorized Purchasing Agent** Title: Email: Phone: **Bank References:** Bank: Account # Address Line 2: Address Line 1: State: City: Email: Phone: Contact: Line Secured? Yes No Personal Guarantee? Yes No Credit Line: Account # Address Line 1: Address Line 2: State: City: Contact: Email: Phone: Credit Line: Line Secured? Yes No Personal Guarantee? Yes No Account # Address Line 1: Address Line 2: City: State: Phone: Contact: Email: Credit Line: Line Secured? Yes No Personal Guarantee? Yes No **Trade References:** Name: Contact: Address: City, State, Zip: Phone: Email: Current Balance: Date Opened: Name: Contact: City, State, Zip: Address: Email: Fax: Current Balance: Date Opened: Name: Contact: Address: City, State, Zip: Phone: Fax: Email: Current Balance: Date Opened: Contact: Name: City, State, Zip: Address: Phone: Email: Current Balance: Date Opened:



Sales Tax Status:	Nontaxable	Taxable

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

Applicant understands and acknowledges, by submission of this information, that this information is represented by Applicant to be true and correct. Subject to the guidelines established by the Equal Credit Opportunity Act ("ECOA"), the Applicant authorizes Vertex Wireless, LLC ("Vertex") to investigate all credit references and all of the matters pertaining to Applicant's financial responsibility. All such inquiries shall be in compliance with and subject to the guidelines of ECOA. The Applicant, authorizes such banks and creditors to submit complete credit information for the purpose of analyzing such Application. This information is being provided solely for the Application, and shall not be used for any other purpose or disclosed to any third party.

CREDIT TERMS

If the customer fails to pay pursuant to the terms of this Agreement and Vertex elects to take action to collect this account, the customer shall pay all costs incurred by Vertex, including, but not limited to: attorneys' fees, collection agency fees, court costs, deposition and transcript costs, sheriff's fees, special process server fees, expert witness fees and bond cost. The customer assigns as security for any indebtedness incurred or to be incurred to Vertex under this Agreement all of the customer's presently owned and existing and hereafter acquired and arising: accounts, accounts receivable, contract rights, chattel paper, equipment, inventory, and all proceeds of the foregoing collateral. Customer appoints any representative of Vertex as Customer's Attorney-infact to sign and file a UCC-1 Financing Statement to perfect the security interest. This transaction shall be governed by the law of the State of Illinois, and jurisdiction and venue for the hearing for any matter in dispute shall be with the Circuit Court of the Eighteenth Judicial Circuit, DuPage County, Illinois. Customer waives any right to a jury trial and any right to file a counter-claim in any action to enforce this Agreement.

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, 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.

I understand and agreed to the following terms of sale: If invoices are not paid within 30 days, the unpaid balance shall bear interest rate of 1.5% per month (18% annum) and customer agrees to be responsible for payment of all reasonable attorneys' fees and collection costs.

Name of Firm or Corporation	
Signed by (Officer of Company)	
Officer Phone#	
(Note: Vertex Wireless partners with a 3 rd party to process you may be contacted by both companies	trade credit insurance provider, as part of the credit application s for financial verification.)
and further certifies the above credit information and business references to verify said information	s authorized to sign this application on behalf of the applicant is correct and authorizes and directs the above-indicated bank and give additional requested information to Vertex upon by of this Agreement shall be as binding as the original including
Printed Name:	Signature
Title:	Date:
Vertex Wireless	
Printed Name:	Signature

Return Application To:

Vertex Wireless, LLC

ATTN: Finance Dept.

500 Wegner Drive

West Chicago, IL 60185

Tel: (630) 293-6300 Fax: (630) 293-3340

Date:

Title: