



Dealer Registration Form

Business Type: (Check): Wholesale

Retail

Register me for (Check):



Trade References:

Company Name 1: _____ Phone: _____

Company Name 2: _____ Phone: _____

Billing Address: _____

Shipping Address (if different from Billing) _____

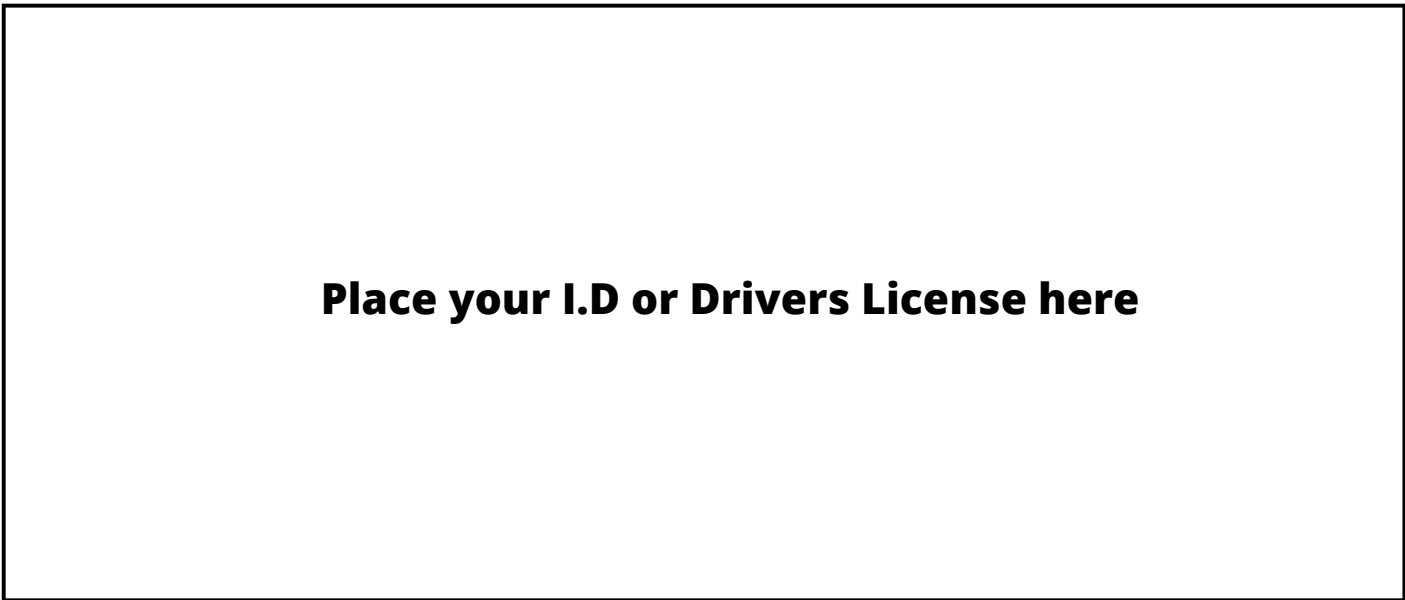
Business Name: _____ Federal Tax I.D: _____ City: _____

State: _____ Zip: _____ Last Name: _____ First Name: _____

Initial: _____ Phone: _____ Fax: _____ E-Mail: _____

Accounts Payable Contact: _____ Phone: _____

Accounts Payable Email Address: _____



Place your I.D or Drivers License here

Required Documents to complete your account:

- Copy of a Valid Driver's License/Picture ID
- Copy of your Business License and Tax ID
- Copy of Resale Certificate Form Completed

* Please enclose all required documents to avoid delays on your order

AUTHORIZED SIGNATURE

PRINT NAME

DATE

By signing this dealer registration form, I affirm that all information is true, up-to-date and complete. I fully acknowledge and understand that I am signing up with A1wireless4u to conduct business as a register dealer with the MVNO carrier and payment provider noted above.