



Fax completed application to 917-677-8311

AGENT INFORMATION/INFORMACION DE AGENTE

Business Information/Informacion de Negocio

Check One: () Corporation () Partnership () Sole Proprietor () Limited Liability Company LLC

PLEASE PRINTPLEASE PRINT***PLEASE PRINT***PLEASE PRINT***

Official Business Name/Nombre de Negocio: _____

Doing Business As (DBA): _____

Address/Direccion: _____

City/Ciudad: _____ State/Estado: _____ Zip/Zona Postal: _____

Phone/Telefono: (_____) _____ Fax: (_____) _____

Federal TAX ID#: _____ - _____ Resale #: _____
EIN# 9 digits

Owner/Manager: _____

Cell/Celular: (_____) _____ Other #: (_____) _____

Email/Correo Electronico: _____

Terms/Terminos

15% CREDIT LINE

20% PREPAID

Signature/Firma: _____ Date/Fecha: ____/____/____

Salesperson: _____

For office use only:

Date application received: ____/____/____ *Method of receipt:* Fax _____ *In Person:* _____

AVB Username: _____ *Date created:* ____/____/____

AVB Username created by: _____

Store trained by: _____ *Date trained:* ____/____/____

Name of person trained to use VOIP: _____

Entered into QB: ____/____/____ *Entered by:* _____