

Media Wave, Inc.  
46729 Fremont Blvd.  
Fremont, CA 94538

TEL: 510-490-6768  
FAX: 510-580-1171

### RESELLER APPLICATION FORM

Name of Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Owner: \_\_\_\_\_ SSN: \_\_\_\_\_ DL# : \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID: \_\_\_\_\_

**Please fax a company void check copy** Website: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Business Type:     Sole Proprietorship     Partnership     Corporation    State ID #: \_\_\_\_\_

### Bank References

Bank Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

### Trade References

1.) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that the information provided in this application is, to the best of my knowledge, correct. I understand that Media Wave, Inc. will treat all of the information, which I have provided as confidential. I also understand that in the event it becomes necessary to file a lien, suit, or engage a collection agency or attorney, I/We agree to bear all expenses of collection including but not limited to court costs, interest and reasonable attorney's fees. I/We agree and acknowledge that the Superior Court of California, in and for the County of Alameda, USA is the proper venue and jurisdiction for the litigation of, or performance of any matters relating to this credit application, or the account.

**To the above Bank Customer Service:**

**I hereby authorize our bank to release information to assist in establishing a line of credit.**

Your Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_