



Cellular Wholesaling Company Inc.
Calgary, Alberta
Canada T2E-7P6
Tel: 403-274-7937 Fax: 403-274-7934

Authorization to use my credit card for purchases made via telephone, fax, e-mail or other electronic means.

Customer Name:

_____ (Incorporated Partnership Proprietorship Personal) **Please circle**

Officer /Owner: _____ Title: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

I have the authority to use the credit card listed below for payment of goods purchased from Cellular Wholesaling Company Inc. and I hereby authorize Cellular Wholesaling Company Inc. to charge against this credit card any amounts due to Cellular Wholesaling Company Inc.

Type of Credit Card: MASTER CARD _____ VISA _____

Card #: _____ Security #: _____ Exp. Date: _____

Name on Card: _____

Authorized Signature: _____

Please print name: _____

Signed: Month _____ Date _____ Year _____

Cellular Wholesaling Company Inc.

#7 1725-30th Avenue N.E. Calgary Alberta T2E 7P6, Phone (403) 274-7937, Fax (403) 274-7934

www.surepower.net

APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS INFORMATION - Must be completed

Legal Name:

DBA Name (if different from Legal Name):

Billing Information:

Address: City: Province: Postal Code:

Phone: Fax: Email:

Shipping Information:

Address: City: Province: Postal Code:

Purchasing Contact: Phone: Email:

Business Website: www. # of Employees:

Type of Business: Own Or Rent Business Premises:

Do you sell Cellar Service: Yes: No: If yes, list providers:

Do you sell Cellular Accessories: Yes: No: Number of Locations:

Sole Proprietorship: Corporation: Partnership: LLS: Other: (indicate type)

METHOD OF PAYMENT - Pick all that apply

☐ Credit Card: (Please Note: We will not charge your customers' credit card.)

Business Card: Yes: No: Business/Name on Card:

Address: City: Card Type:

Card Number: EXP Date: Security Code:

☐ C.O.D: Money Order/Cashiers Check ONLY:

☐ C.O.D: Company Cheques: (NO Personal Cheques)(CREDIT CHECK MAY BE REQUIRED) - Please sign below & Fill out Page 2

☐ Wire Transfer/Electronic Payment:

☐ Open Account: (CREDIT CHECK REQUIRED) - Please fill out below, sign & complete Page 2 Credit Application

Amount of Credit Request: Accounts Payable Contact:

Phone: Fax: Email:

I/We certify that the above information is complete and accurate.

Authorized Signature: _____ Date: _____

Print: _____ Title: _____

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CREDIT APPLICATION

(COMPANY CHECKS & CREDIT REQUESTS)

BANKING REFERENCES

Bank Name:		Contact:	
Address:	City:	Province:	Postal Code:
Phone:	Fax:	Email:	
Type of Account:		Account Number:	

TRADE REFERENCES

Business Name	Account #	Phone #	Fax #

BUSINESS OWNERS, PARTNERS, & OFFICERS

List all Owners, Partners or Officers of Business:

Name:		Title:		SS#:	
Address:		City:		Postal Code:	
Percent of Ownership: %		Phone:		Email:	
Name:		Title:		SS#:	
Address:		City:		Postal Code:	
Percent of Ownership: %		Phone:		Email:	

AGREEMENT/CREDIT TERMS

Each undersigned individual authorizes release of any credit reference information for the company and individuals listed above including credit bureau reports, loan, lease, chequing, saving, and trade accounts to Cellular Wholesaling Co. Inc. Such authorization shall extend to subsequently for the purpose of update, renewal or extension of credit, and for reviewing or collecting the resulting account.

SIGNATURES

By:	By:
(Authorized Signature)	(Authorized Signature)
Name:	Name:
(Print)	(Print)
Title:	Title:
Date:	Date: