



# Customer Setup Form

## General Information

Legal Name of Business	DBA
Application Completed by	Title
FEIN Number	
Type of account you are applying for: Credit Card /Prepay Credit with WAV \$ _____ Lease Equipment	
Physical Address:	
City:	State: Zip:

## Additional Company Information

Type of Business	Website URL		
Legal Form Under Which Business Operates:			
Corporation	Partnership	Sole Proprietorship	LLC
If Division/Subsidiary, Name of Parent Company		In Business Since:	
Company Principal Responsible for Business Transactions		Title	
Address:	City:	State:	ZIP: Phone:
Accounts Payable Contact	Email invoices to :		
Billing Address:	City:	State:	ZIP: Phone:
Do you accept partial shipments and invoicing? Yes No Fax:			

## Primary Bank Reference – Please complete if applying for open terms or lease

Institution Name		
Account #:	Borrowing Line available? Yes No	Amount:
Address		
Phone	Banking Officer Name:	

## Please list 3 companies you have credit with if applying for open terms or lease

Company:	Company	Company
Contact:	Contact	Contact
Address	Address	Address
Phone	Phone	Phone
Email	Email	Email

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and trade references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Applicant acknowledges that if credit terms are granted by WAV, terms granted will be Net 30, unless otherwise agreed upon in writing by an Officer of WAV, Inc. I am legally authorized to bind "Customer", and have read, understand and agree to the terms and conditions of conducting business with WAV, Inc. located at <http://www.wavonline.com/site/documents/WAVtermsandconditions080107.pdf> Customer further agrees to provide copies of sales tax exemption or resale certificates for States in which Customer is registered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fax your completed application to (630) 818-4451 or email it to [credit@wavonline.com](mailto:credit@wavonline.com)  
Please include a multistate tax form or a copy of your reseller certificate with this application  
Questions? Contact WAV Credit or your Account Manager (630) 818-1000