



Customer Account Application

Issued by: **QUALITY**Eff. Date: **01-31-09**Revision: **A****QF-72-4-1**

Applicant Name _____ Trade Name (if different) _____

Physical Address _____

City _____ State _____ Zip _____ County _____

Billing Address _____

City _____ State _____ Zip _____ County _____

Business # _____ Mobile/ Pager # _____ Fax # _____

Contact Name _____ Title _____ Email _____

Description of Business _____ Business Start Date _____ Time as Current Owner _____

of Employees _____

Type of Business: Sole Proprietorship Corporation General Partnership L.L.C. Other

Has the business or any principal ever declared bankruptcy? Yes No *If yes, date filed* _____

Are there any outstanding liens or judgments? Yes No

Federal ID Number _____ Sales Tax Exempt? Yes No *If yes, please attach a copy of exemption certificate***Financial Information:** Additional financial information may be requested and is required for exposure over \$100,000**Bank/ Finance Co. Reference:****Checking:****Savings:****Loan:**

Acct # Contact/ Phone#

1. _____ \$ _____ \$ _____ \$ _____

2. _____ \$ _____ \$ _____ \$ _____

Trade References:

Contact

Address (include city, state & zip)

Telephone#

Account #

1. _____

2. _____

SIGNATURE OF OWNER/PRINCIPAL OR AUTHORIZED OFFICER/PARTNER

NOTICE: Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to Airtime Gear or any party which may provide credit applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release, any credit/ financial information concerning applicant or such person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other.

BY: _____ TITLE: _____ DATE: _____

BY: _____ TITLE: _____ DATE: _____

Special Billing Instructions:

Purchase order required? Yes No (circle one) If yes, written or verbal? _____

If verbal, are names instead of numbers allowed? Yes No

Other requirements? _____

For Airtime Use Only

Dealer Name: _____

Pricing Plan: _____

Credit Limit: _____

Type of Account: _____

Terms: Net 30/ Net 10 (circle one)

Order Processing: Online/Phone/Faxed PO (circle one)

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In Consideration of, and in order to introduce you to extend credit to applicant listed on page one hereof and to provide organization with product and services, the undersigned (and each of them if more than one) do jointly and severally guarantee to AIRTIME GEAR and its subsidiaries and divisions, and its successors and assigns, the faithful and prompt performance, payment and discharge of the above organization's account or accounts, now and thereafter incurred.

Notice of acceptance of this Guaranty and all other notices to which undersigned may be entitled by law are hereby waived. Presentment, protest and demand and notice of protest and demand of any and all instruments or agreements are hereby waived. Any rights to extension, composition or otherwise under Bankruptcy Act, or any amendments thereof, or under any state or federal statute are hereby waived.

The undersigned will pay and perform the obligations hereunder, upon demand, without requiring any proceedings to be taken against the above named organization. If any claim against undersigned hereunder is referred to any attorney for collection, then the undersigned agrees to pay reasonable attorney's fees and court costs.

The Guaranty shall be binding upon the heirs, personal representatives, successors and assigns of each of the undersigned, and the benefits thereof shall extend to and include your successors and assigns, and shall also inure to the benefit of your associated, affiliated and subsidiary companies. The death of any of the undersigned shall not release the estate from any liability hereunder, and shall not relieve the others of the undersigned from liability and continuing obligations hereunder.

Signatures must be as individuals- not as company or corporate officials.

Date	Signature	Social Security Number
Date	Signature	Social Security Number

Please return signed application to:

Nine1One Gear
 Attn: Credit Department
 8104 SW Nimbus Avenue # 4A
 Beaverton, OR 97008
 Fax: (503) 671-0698

Remit all payments to:

Nine1One Gear
 Attn: Accounts Receivable
 8104 SW Nimbus Avenue #4A
 Beaverton, OR 97008
 Phone: (503) 671-0696