



Phone: (916) 797-6008 Toll-free: 877-504-6008 Fax: 800-508-2271

CellPower
P.O. Box 2833
8000 W. Hidden Lakes Drive
Granite Bay, CA 95746

ACCOUNT SETUP FORM

Date: _____

Page: 1

Part 1: Contact Information

Legal Name of Firm

Trade Name/DBA

Mailing Address: _____

Name of Primary Contact Person for Account

Primary Contact Telephone Number

Name of Finance/Accts Payable Contact

Finance/Accts Payable Contact Phone Number

Payment Method: Please check one

Credit Card COD

Open account-credit limit (amount requested)

(Credit Accounts must complete Page 2)

\$500 \$1,000 \$2,500 \$5,000

Shipping Address: _____

Primary Contact e-mail address

Primary Contact Fax Number

Finance/Accts Payable Contact e-mail address

Finance/Accts Payable Contact Fax Number

Part 2: Company/Business Information

Type of Business:

Corporation State of: _____ Federal ID: _____

Partnership

Proprietorship

Government Agency State: _____ or Federal: _____

If Business, Date Company Established: _____

Annual Sales Volume: _____

Important Note:

Upon completion of this form, return via mail or fax to 800-508-2271.

If COD has been selected as your payment, please include a copy of a blank, voided company check.

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Part 3: Financial References Information

(This section required ONLY if Account Form of Payment is Open Credit)

Bank References:

Bank Name: _____ Account #: _____

Address: _____ Date Account Established: _____

Phone: _____

Contact Name: _____

Bank Name: _____ Account #: _____

Address: _____ Date Account Established: _____

Phone: _____

Contact Name: _____

Trade References:

Name: _____ Account #: _____

Address: _____ Date Account Established: _____

Phone: _____

Contact Name: _____

Name: _____ Account #: _____

Address: _____ Date Account Established: _____

Phone: _____

Contact Name: _____

Important Note:

Page 2, Financial References Information, is required for new Accounts requesting Open Credit as the form of payment. Upon completion of this form, return via mail or fax to 800-508-2271.