

City: Zip: Phone #		Account Setup Fo	orm		
PLEASE ATTACH A VOIDED CHECK HERE PLEASE ATTACH A VOIDED CHECK HERE PLEASE ATTACH A VOIDED CHECK HERE DOLLARS City:	Legal Business Name:	DBA:	Owner Name:	Owner Name:	
Email:	Address:	State:	Fed Tax ID:		
Email:	City:	Zip:	Phone #		
PAYTO THE PAYTO THE PLEASE ATTACH A VOIDED CHECK HERE DOLLARS City: State: Zip: Home Phone: D.O.B: / Authorized Signature: Date: // INDIRENT AUTHORIZET CLTTA LIL., INCORPORATED, TO WHOM THIS APPLICATION IS MADE, TO CHECK MY MOUNDOUGL CRIDIT HISTORY IN CONNECTION WITH A BUSINESS TRANSACTION (Master Agent Use Only) MA ACCT ID: DISC CLASS: CREDIT CHECK: Yes No D TERMS: Mon'Thurs Tues: Fri Mon'Wed/Fri Daily Daily Limit: Total Limit: SALES PERSON: TERMINAL SERIAL NUMBER: *** *** *** *** *** *** ***					
PLEASE ATTACH A VOIDED CHECK HERE PLEASE ATTACH A VOIDED CHECK HERE PLEASE ATTACH A VOIDED CHECK HERE DOLLARS City:					
Home Address:	PLEASE	ATTACH A VOID	DATE \$ DED CHECK HERE	Society Feature	
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(Master Agent Use Only) MA ACCT ID: DISC CLASS: CREDIT CHECK: Yes No TERMS: Mon/Thurs Tues/Fri Mon/Wed/Fri Daily Once a Week Day: Daily Limit: SALES PERSON: TERMINAL SERIAL NUMBER: MERCHANT GUARANTE: The undersigned unconditionally personally guarantees to T-CETRA the timely payment of all obligations to T-CETRA under this Agreement. Failure to make any payment when due shall be deemed a breach of Merchant's obligations and result in the immediate termination of this Agreement shall be immediately due and payable.	Home Phone: () Authorized Signature:	SS#	D.O.B:/ Date:/	_	
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 In consideration for the extension of credit, I, on behalf of my firm, acknowledge and agree to the following: 	result in the immediate termination of this Agreement by T-CETRA without pr	ior notification to Merchant. In the event of such breach, all monies owe		ant's obligations and shall	
(1) PAY YOUR INVOICES IN ACCORDANCE WITH THE TERMS AND AT THE ADDRESS FIXED BY THE INVOICE; (2) PAY INTEREST ON PAST DUE ACCOUNTS AT THE MAXIMUM LEGAL RATE PROVIDED FOR UNDER APPLICABLE LAW; (2) PAY ATTORNEY FIES AND COSTS OF COLLECTION; (4) ACKNOWLEDGE AND AGREE TO THE GENERAL TERMS AND CONDITIONS ON THE ATTACHED CONTRACT.	(1) PAY YOUR INVOICES IN ACCORDANCE WITH THE TERMS AND A	T THE ADDRESS FIXED BY THE INVOICE; (2) PAY INTEREST (PLICABLE LAW; (3)	

This Agreement shall be subject to the laws of the State of Ohio and all disputes shall be resolved in the courts of Franklin County Ohio.

Date: ______ Signature: _____

• I HEREBY REPRESENT AND WARRANT THAT THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON ANY ATTACHMENTS IS TRUE AND THAT IN MY CAPACITY, I AM AUTHORIZED TO BIND MY FIRM ACCORDINLY.
• Customer agrees that it is purchasing T-CETRA product for resale to end-user customers of prepaid services and that Customer is wholly responsible for any and all sales tax obligations on all products purchased from T-CETRA.
• Customer warrants that the Customer information specified on this Schedule A is true and over the customer and under the customer and/or Customer's business. Customer authorizes T-CETRA to directly deduct via ACH transactions from Customer's bank Account all amounts due to T-CETRA for the sale of all T-CETRA PINs and services and any other charges specified.