

**H2O WIRELESS Dealer Registration Acknowledgment Form**

<b>Master Name</b>	National Wireless Inc	<b>Master Dealer Code</b>	58015
<b>Dealer Name</b>		<b>Dealer Code</b>	
<b>Tax ID</b>		<b>Store Phone Number</b>	
<b>Email</b>			
<b>Dealer Information</b>		<b>Billing/ Shipping Address</b> <i>(If different from the information on left)</i>	
<b>Address</b>		<b>Address</b>	
<b>Address 2</b>		<b>Address 2</b>	
<b>City</b>		<b>City</b>	
<b>State</b>		<b>State</b>	
<b>Zip</b>		<b>Zip</b>	
<b>Cell Phone #</b>		<b>Cell Phone #</b>	

**Agreement and Signature**

By signing this Dealer Registration Acknowledgment Form, I affirm that the facts set forth in it are true, up-to-date and complete. I fully acknowledge and understand that I am signing up with Master noted above and will only conduct h2o® Wireless (and LOCUS provided) business with this Master moving forward.

<b>First/Last Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	

Place Driver's License Here With the Face Up for Submittal

*Signee attests that the above information is accurate, true, up-to-date and complete. Signee acknowledges that he/she will only conduct business with noted Master going forward. Any inaccurate information provided may result in inability to distribute h2o® Wireless products and/or services. Acknowledgment of Dealer Registration is legally binding between LOCUS, assigned Master and the Signee.*



## ACH Authorization For Commercial Bank Accounts

Locus Telecommunications, Inc.  
2200 Fletcher Avenue, 6<sup>th</sup> Floor  
Fort Lee, NJ 07024  
201-585-3600

Locus Telecommunications, Inc. is authorized to debit my bank account via ACH transfer in payment for products and services purchased.

\*\* Please note that all transactions will appear as "LOCUS" on your bank statement

Business Information			
Business Name			
Tax ID	Federal Tax ID Number	State Tax ID Number	
Business Address	Street		
	City	State	ZIP
Bank Information			
Name of Bank			
Bank Contact	Name	Telephone	Fax
Account Number			
9-Digit Routing Number			
Authorized Signatory			
Name		SSN	
Address	Street		
	City	State	ZIP
Signature	X	Date	

**Please print a copy of this form. Fill in the requested information. Enclose a voided check from the bank account. Deliver both items to your Locus distributor. We cannot initiate ACH without both this form and a voided check. Thank you**

