



**YSR WIRELESS, INC. d/b/a YAM WIRELESS**

3061 NW 107th Ave., Miami, FL 33172  
Phone (305) 513-8448 Fax (305) 513-8480

**Confidential Credit Application and Sales Contract**

SALESPERSON'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
CREDIT AMOUNT REQUESTED \_\_\_\_\_

**PLEASE SELECT DESIRED TERMS BY CIRCLING ONE OF THE FOLLOWING:**

COD COMPANY CHECK  
(Complete up to and including  
Terms and Conditions)

COD CASH, WIRE TRANSFER,  
CREDIT CARD, CASHIER'S CHECK  
(Complete first page only)

CREDIT TERMS  
(Complete every page, sign  
Personal Guaranty and refer  
to additional requirements.)

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

LLC \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

DATE BUSINESS OPENED \_\_\_\_\_ TYPE OF BUSINESS ENGAGED IN \_\_\_\_\_

TAX ID # \_\_\_\_\_ RESALE CERTIFICATE ID # \_\_\_\_\_

**(PLEASE FAX OR EMAIL COPY)**

**Owners and Officers**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
SOCIAL SECURITY OR PASSPORT # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_  
OWNERSHIP % \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
SOCIAL SECURITY OR PASSPORT # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_  
OWNERSHIP % \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
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**BANK REFERENCE REQUEST**

**\*\*\*Via Facsimile or email\*\*\***

The below-referenced company has listed your institution as their bank and has authorized us to inquire about their banking history. Please complete the information requested and fax or email to my attention. Your prompt response is greatly appreciated.

Date:

**CUSTOMER NAME:**

**BANK NAME:**

Attn:

**Fax #:**

**TO BE COMPLETED BY THE CUSTOMER**

I authorize YSR Wireless, Inc. d/b/a YAM Wireless to make inquiries on my bank account(s) for the purpose of evaluating my company's credit worthiness.

Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Bank Acct. Number \_\_\_\_\_

**TO BE COMPLETED BY THE BANK**

**Date account was opened** \_\_\_\_\_

**Type of Account** \_\_\_\_\_

**Average Balance** \_\_\_\_\_

**Line of Credit?** \_\_\_ Yes \_\_\_ No      **If yes, insured?** \_\_\_ Yes \_\_\_ No

**Line of Credit Amount \$** \_\_\_\_\_

**Type of Collateral** \_\_\_\_\_

**NSF Checks?** \_\_\_ Yes \_\_\_ No    **If yes, how many in the past 12 months?** \_\_\_\_\_

Additional Comments:

\_\_\_\_\_