



Dealer Application

Matrix PBX systems

A USA Division

1575 Regal Row | Dallas TX 75247

Phone: 800-655-ZNET | Fax: 866-837-ZNET

www.zne4u.com

Name & Address:

Legal Company Name				
Billing Address				
City		State	Zip Code	Tax ID #
Billing Phone #	Billing Fax#		Email	
Accounts Payable Contact			Purchasing Contact	

Company Profile:

Dun & Bradstreet Number (If no D&B Number, Please attach a balance Sheet)				
# Of Years in Business	Annual Sales: \$	# Employees	# Locations	
Organization: (i.e. Corporation, Partnership, Education, etc...)				
Parent Company		Name	City, State	
Taxable Tax Exempt	Resale #:		Payment Type:	

Credit / Trade References: (Please do not list credit card accounts)

Company Name	City/State	Phone#	Fax#	Contact
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3

Bank Reference:

Bank Name:	City:	State:	Phone#:	Fax#:
Checking Acct #:	Savings Acct #:	Loan #:	Contact:	

The undersigned certifies that all information in this credit application is complete, factual and correct, and understands the supplier will rely on the accuracy of this information for any credit that may be extended. Supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this credit application. The undersigned has read and agreed to the terms and conditions on page 2 of this document.

Customer Signature:	Date:
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