



NEW ACCOUNT FORM

Legal Entity Name: _____ Account #: _____

dba (if applicable): _____ Date company established: _____

Corporate Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Principal's/Officer's Name: _____ Principal's/Officer's Email: _____

Billing Address:

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Accounts Payable Contact: _____

We would like to conveniently receive our invoices via Email: Yes No

Email Address(es) for invoices: _____

A/P Contact's Phone: _____ A/P Contact's Email: _____

Shipping Address (if different than billing address):

City: _____ State/Province: _____



Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Purchasing Contact Name: _____

Purchasing Phone: _____ Purchasing Email: _____

Type of Organization: Corporation LLC Government//Municipal Partnership Sole Proprietorship

Federal ID # or Business Registration #: _____ DUNS#: _____

We are State Sales Tax Exempt: Yes No If yes, please include a copy of your Exemption/Resale Certificate or Direct Pay Permit. Blank State Sales Tax Exemption/Resale Certificates are provided in this package if needed.

Payment Terms Selection TELEWAVE Open Account* (Requested Credit Line: \$ _____)

Prepayment EFT (Requires a bank reference) Credit Card -Amex, Visa, MasterCard

***If your business is less than 2 years old, or you desire to enhance your business credit capacity by using your personal credit history, please complete and return the Personal Guaranty Form.**

Agreement to Terms and Conditions of Sale by providing the credit information in this application, you are applying for an open account with TELEWAVE, Incorporated ("TELEWAVE"). Acceptance and approval of this application is at the sole discretion of TELEWAVE. Any notice or information to you about this application is waived. You hereby authorize TELEWAVE to obtain information about you (including any guarantors) from credit reporting agencies, and to exchange information about your relationships. By your signature below, you agree that all sales by TELEWAVE (including any of its subsidiaries) to you shall be subject solely to TELEWAVE's Terms and Conditions of Sale ("TELEWAVE's Terms and Conditions"), which you agree that you have read and understand. A copy of TELEWAVE's Terms and Conditions as currently in effect is available on www.TELEWAVE.com. TELEWAVE reserves the right to modify TELEWAVE Terms and Conditions from time to time without notice to you. Your purchases will be subject to TELEWAVE's Terms and Conditions in effect at the time you place your order. Any terms and conditions on your purchase order or other forms that may vary from, conflict with or purport to add to TELEWAVE's Terms and Conditions shall not apply, even if your purchase order or other forms may state otherwise.

Signature of Authorized Person

Date

Print Name

Print Title



Please return document to:

Telewave, Inc. - Accounts Receivable
660 Giguere Court San Jose, CA 95133
Phone: 408.929.4400, 800.626.4480 Fax: 408-929-4007
Email: accountsreceivable@telewave.com

CREDIT CARD FORM

Company Name: _____ Telewave Account #: _____

I _____ authorize Telewave, Inc to charge my credit card
(Credit Card User Full Name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(Invoice #, Quote # or Purchase Order #)

Credit Card Information:

Type of Credit Card: _____ Visa _____ MasterCard _____ American Express

Credit Card #: _____

Expiration Date: _____ SEC: _____

Name on Credit Card: _____

Credit Card Billing Address: _____

City: _____ State/Province: _____



Zip/Postal Code: _____ Country: _____

Phone: _____

____ Charge this credit card one time per requested above.

____ Charge this credit card one time and keep on file for future purchases.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: _____

Date: _____

Credit Card Payment Authorization Form

Sign and complete this form to authorize **<insert business name>** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **<Insert Business Name>** to charge my credit card
(full name)



account indicated below for _____ on or after _____. This payment is for

(amount)

(date)

(description of goods/servic

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660 Giguere Court San Jose, CA 95133
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Email: accountsreceivable@telewave.com*

AGREEMENT TO TERMS AND CONDITIONS OF SALES

Agreement to Terms and Conditions of Sale by your signature below, you agree that all sales by TELEWAVE (including any of its subsidiaries) to you shall be subject solely to TELEWAVE's Terms and Conditions of Sale ("TELEWAVE's Terms and Conditions"), which you have read and understand. A copy of TELEWAVE's Terms and Conditions as currently in effect is available on www.TELEWAVE.com. TELEWAVE reserves the right to modify TELEWAVE's Terms and Conditions from time to time. Your purchases will be subject to those in effect at the time you place your order, as reflected on www.TELEWAVE.com. Any terms and conditions on your purchase order or other forms that may vary from, conflict with, or purport to add to TELEWAVE's Terms and Conditions shall not apply, even though your form may state otherwise. TELEWAVE hereby objects in advance to all such terms and conditions.

Particular attention is called to TELEWAVE's return policy set forth in Section 2 of TELEWAVE's Terms and Conditions. Regardless of method of payment used:

- Merchandise must be returned freight prepaid (at your expense), in its original condition and packing, and arrive at TELEWAVE within 30 days after your receipt of the merchandise.
- Any product received beyond 30 days will be returned to you at your expense.
- Special-order, specially configured and value-added products are returnable only if defective.

After 30 days, no returns for credit or refund will be accepted, even if the merchandise is defective (only manufacturer's warranty will apply).



Legal Entity Name:

dba (if applicable):

TELEWAVE Account Number:

Signature of Authorized Person

Date

Print Name

Title

Please return document to:

*Telewave, Inc. - Accounts Receivable
660 Giguere Court San Jose, CA 95133
Phone: 408.929.44600, 800.626.4480 Fax: 408-929-4007
Email: accountsreceivable@telewave.com*

CUSTOMER PAYMENT OPTIONS AND INSTRUCTIONS

Domestic Payment Options:

___ Payment Terms Selection TELEWAVE Open Account* (Requested Credit Line: \$ _____)

___ Prepayment

___ EFT (Requires a bank reference)

___ Credit Card -Amex, Visa, MasterCard

International Payment Options:

All International are prepaid and we accept these options

___ EFT (Requires a bank reference)

___ Credit Card -Amex, Visa, MasterCard

Payment Information:



Please remit payments to:

Telewave, Inc. - Accounts Receivable
660 Giguere Court San Jose, CA 95133
Phone: 408.929.4400, 800.626.4480 Fax: 408-929-4007
Email: accountsreceivable@telewave.com

Wire Transfer Information:

***All wire transfer fees are the responsibility of the customer**

Please advise your bank to transfer \$USD funds to:

Comerica Bank
226 Airport Parkway
San Jose, CA 95110-4348
USA

ABA/ Routing #121137522
Telewave, Inc
Account #1895045910
Swift #MNBDUS33

Please be sure to include your TELEWAVE account number, and (if possible) the invoice number(s) to be paid, on your remittance.

Check Information:

Please note that checks must be **company checks** in \$USD funds, drawn on or payable through a U.S. banking institution.

PERSONAL GUARANTY

Date: _____

To: TELEWAVE Incorporated For and in consideration of your extending credit to _____, TELEWAVE Account #: _____ (the "Company"), in which each of the undersigned has a direct financial interest, each of the undersigned (jointly and severally, if more than one) hereby unconditionally and irrevocably guarantees to you and to each of your subsidiaries and affiliates (together "TELEWAVE") (I.) the due and punctual payment in full (and not merely the collectability) of each and every amount that at any time becomes due and payable by the Company to TELEWAVE and of any and all loss, damages, or expenses incurred by TELEWAVE in connection with goods sold or rented or credit extended at any time to the Company and (II.) the due and punctual performance of any other obligation of the Company to TELEWAVE now existing or arising after the date of this Guaranty. The undersigned's liability under this Guaranty shall be primary, direct and immediate and shall not be conditioned or contingent on TELEWAVE's pursuit of any remedy TELEWAVE may have against the Company or any other person. The undersigned hereby expressly waives presentment and demand for payment of any sum subject to this Guaranty; notice of acceptance of this Guaranty; notice of any change in the terms or conditions of credit extended to the Company; notice of default by the Company and of any indulgence with respect thereto; any and all other notices and demands which may otherwise be required by law to be given or made; and any and all rights which the undersigned may have to a trial by jury in any action brought on or with respect to this Guaranty. Each undersigned personal guarantor, recognizing that his or her



individual credit history may be a necessary factor in the evaluation of this personal guaranty, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by TELEWAVE, from time to time as may be needed, in the credit evaluation process.

** NOTE: Do not include titles on this document **

Guarantor:

Witness:

(Guarantor Signature)

(Witness Signature)

Print Name: _____

Print Name: _____

Social Security #: _____

Home Address: _____

Phone Number: _____

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Credit Reference Trade

Date: _____

RE: _____

(Company)

To: _____

Attention: _____

The above named company has referred to your company as a credit reference. We would appreciate any information that you could provide to assist us with our evaluation.

Naturally, any information received will be held in strict confidence.

Respectfully,

Gabby Serrano
Accounts Receivable



TRADE REFERENCE

First Sale Date: _____ Terms: _____

Credit Limit \$ _____ Recent High \$ _____

Current Balance \$ _____ Past Due \$ _____

Last Sale Date \$ _____

MANNER OF PAYMENT

Discounts _____ Prompt Slow Number of Days _____

Satisfactory YES NO
Comments:

Credit Reference Name: _____ Date: _____

Signature: _____

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