



Account Application

CTNY LLC

1420 Valwood Pkwy Suite 200 | Carrollton TX 75006

Thank you for inquiring with CTNY. We do our best to make the order process as quick and easy as possible for our customers. Included with this letter you will find your New Customer Application. To complete your order process, please see the application requirements below:

- Please fill out each field of the application completely.
- Please include a copy of your Resale Certificate (**Certificate must match billing/shipping address**).
- **International Customers:** Please send a Registration or CO Document.
- Please fill in Bank Details in order to qualify for COD Company Check (after first 2 orders).
- Please be sure to **sign** the application.

Please note: The order process cannot be completed without a copy of your **Resale Certificate** and the **signed application**.

If you have any questions, please feel free to contact your account manager directly.

Thank you for your time and we look forward to a continued partnership with you!

Kind regards,

The CTNY Team

CELL TRADE NEW YORK



New Customer Application Form

Please complete, sign, and return this form along with copy of Resale Certificate.
Sales Representative:

Billing Address: All Fields Must Be Completed | **Shipping Address: All Fields Must Be Completed**

Company Name:			Company Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone #:	Fax #:		Phone #:	Fax #:	
Attention:		Email:	Attention:		Email:

General Information – All Fields Must Be Completed

Principal/Owner:	Email:	Phone #:			
Social Security # (optional):	Driver's License #:	State:	Passport #:	Country:	

Company Type: Manufacturer Carrier/MNVO Distributor-Devices Distributor-Accessories Retailer e-tailer

Company Composition: Individual Partnership LLC Publicly Traded Corp. _____TICKER Sub-Chapter S-Corp- State of Incorporation:

Does your company have a Quality Management System that is certified / registered such as ISO 9001:2008, ISO 14001:2004, or R2 etc.?
Yes: _____ **No:** _____
 If Yes, please submit a copy of your Certification(s) with this survey (**DOCUMENTS REQUIRED**)

Trade References – All Fields Must Be Completed

Company 1:	Contact:	Phone#:	City:	State:	Email:
Company 2:	Contact:	Phone #:	City:	State:	Email:

Ordering Information – All Fields Must Be Completed

Are Written Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Merchandise for Resale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resale Certificate / Tax ID #:
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****Please provide FEIN / Federal Registration #: (**DOCUMENT REQUIRED**)

Purchasing Agent:	Phone #:	Email:
Accounts Payable Contact:	Phone #:	Email:

Bank Information

Bank Name:	Bank Officer:	: Phone #:	Email:
Bank Address:	City:	State:	Zip: Account #:
Bank Line of Credit? __YES __NO	ACCT#: _____ Limit \$: _____	Personal Guaranty: __YES __NO	UCC Filing: __YES __NO

Terms & Conditions

All accounts are COD until a credit application has been completed, reviewed, and approved after (3) COD purchases. If any debt is incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 3% per month or the maximum rate permitted by applicable law, until paid in full.

Acceptance and Approval- All Fields Must Be Completed And Form Must Be Signed

Signing this agreement indicates your acceptance of the terms and conditions stated. In addition, you authorize **CTNY LLC.** to make any and all inquiries necessary to process this New Customer Application.

Name of Authorized Rep.:	Title:	Date:	Signature:
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PLEASE RETURN THIS FORM SIGNED ALONG WITH A COPY OF RESALE CERTIFICATE TO RAJ@CELLTRADENY.COM (SCANNED)