



Keeping you connected

Dealer Credit Application

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Business Type:

Corporation _____ Partnership _____ Sole Proprietorship _____

FEIN/SSN _____ Sales Tax Resale # _____

Year Co. established _____

Person to contact for payment _____ Phone _____

Bank Reference

Bank Name _____ City/State _____

Acct# _____ Contact _____ Phone _____

Trade References

Company Name _____ City/State _____

Acct# _____ Contact _____ Phone _____

Company Name _____ City/State _____

Acct# _____ Contact _____ Phone _____

The above information is herewith submitted for the purpose of opening and account with CCSC and I do hereby certify this information to be true.

SIGNATURE

DATE

TITLE

Please fax completed form to number below
Comprehensive Communications Systems Corp
222 N. Hicks Place, Palatine, IL 60067 Phone (847) 934-0580 Fax (847) 991-3328