



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 _____
TELEPHONE _____	FAX _____ E-MAIL _____



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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:
