



CREDIT APPLICATION FOR EQUIPMENT AND/OR SERVICE

Fax completed form to 856-761-1100 or 856-761-1010.

EQUIPMENT TO BE FINANCED, LEASED OR RENTED

Telephone system along with associated computer network and ancillary equipment valued at \$ _____

Equipment Location (if different than below.): _____

LESSEE INFORMATION

WE WILL CONTACT LESSEE IF ADDITIONAL INFORMATION IS NEEDED

Full Legal Business Name: _____

Address: _____

E-Mail: _____ Web Address: _____ No. of Employees: _____

Phone: _____ Fax: _____ Federal Tax ID #: _____ Years in Business: _____

Nature of Business: _____ Years of Ownership: _____

State of Incorporation/Organization: _____ Business Type: Corp. Limited Liability Corp. Partnership Proprietorship

BANK INFORMATION

Name of Bank: _____ Bank Officer: _____

Phone: _____ Deposit/Check Acct. #: _____ Loan Acct. #: _____

Name of Bank: _____ Bank Officer: _____

Phone: _____ Deposit/Check Acct. #: _____ Loan Acct. #: _____

TRADE REFERENCE

1. Name of Supplier: _____ Contact: _____

Address: _____ Phone: _____

2. Name of Supplier: _____ Contact: _____

Address: _____ Phone: _____

3. Name of Supplier: _____ Contact: _____

Address: _____ Phone: _____

OWNERS, PARTNERS OR GUARANTORS

*SS# needed only if personal guarantee is required

1) Name: _____ Title: _____ *SS#: _____

Home Address: _____ Home Phone: _____

2) Name: _____ Title: _____ *SS#: _____

Home Address: _____ Home Phone: _____

The person(s) supplying the above information certifies to potential lessors that it is true and correct. The Owners/Partners/Guarantors recognize that their individual credit histories may be a factor in the evolution of the lease applicant and, therefore, authorize the lessor(s) or its assignee or its designee to investigate their personal credit status. This includes obtaining and using their consumer credit reports from time to time in the credit evolution and collection processes, as well as to offer future credit products or services. Completion of either the CREDIT CARD AUTHORIZATION FORM or the ELECTRONIC PAYMENT (ACH) AUTHORIZATION form is required and will be used where payments are not received within 30 days of the invoice date unless other payment arrangements have been mutually agreed upon.

X _____

Signature of Owner, Partner or Guarantor

X _____

Signature of Owner, Partner or Guarantor

Rev 1.0



INSTRUCTIONS:

1. Complete the form below by entering all billing related information in the blanks below.
2. Print the entire form and sign it. The signer must be either the Credit Card Holder for the credit card authorization or the Bank Account Holder for the ACH authorization.
3. Attach a photocopy of a VOIDED check (for ACH Authorization)
4. FAX completed form to 856-761-1100 or 856-761-1010

ELECTRONIC PAYMENT (ACH) AUTHORIZATION

I, _____, hereby authorize VOIP Systems USA, LLC, to charge my bank account for all setup and monthly subscription fees, plus any usage fees per the signed VOIP Systems USA, LLC Service Activation Form and Agreement, Invoices, and in accordance with the VOIP Systems USA, LLC Terms of Service referenced on that Agreement.

Company Name: _____

ACH Contact Name: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Tax ID Number: _____

Financial Institution Name (Please Print)

Routing Number: _____

Account Number: _____

Account Type:

Checking Account

Savings Account

Financial Institution City and State:

WE AUTHORIZE THE FOLLOWING PAYMENT TO BE MADE VIA THE ACH SYSTEM

One Time Payment in the Amount of \$ _____

Monthly Recurring Charges per Service Activation Form for _____

Other _____

Authorized by the Bank Account Holder:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Direct Phone Number: _____

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize VOIP Systems USA, LLC, to charge my credit card account for all setup and monthly subscription fees, plus any usage fees per the signed VOIP Systems USA, LLC Service Activation Form and Agreement, Invoices, and in accordance with the VOIP Systems USA, LLC Terms of Service referenced on that Agreement.

Company Name: _____

Visa Mastercard American Express

Credit Card Number: _____

Exp Date: _____

Name on Card: _____

Credit Card Billing Address

Street: _____

City: _____ State: _____

Zip Code: _____

Country (if not US): _____

Telephone () - _____ - _____

WE AUTHORIZE THE FOLLOWING PAYMENT TO BE MADE VIA THE ABOVE CREDIT CARD

One Time Payment in the Amount of \$ _____

Monthly Recurring Charges per Service Activation Form for _____

Other _____

Authorized by the Credit Card Account Holder:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Direct Phone Number: _____