

	DBA:		
	FAX: (Include Area Code)		
	EMAIL:		
BILLING ADDRESS:	SHIP TO ADDRESS:		
CHECK ONE: () CORPORATION () PARTNERSHIP	P () PROPRIETORSHIP		
PRESIDENT/OWNER:	ACCOUNTS PAYABLE:		
TREASURER/CONTROLLER:	DUN & BRADSTREET#:		
PURCHASING AGENT:	FEDERAL I.D.#:		
IF SOLE OWNER OR GENERAL PARTNERSHIP, SOCIA	L		
SECURITY NUMBERS OR SOLE OWNER OR PARTNEI	RS:		
*SALES TAX RESALE #:	STATE OF ISSUE:		
*A COPY OF YOUR RESALE TAX CERTIFICATE MUST	BE INCLUDED.		
TRADE REFERENCES - P	LEASE INCLUDE PHONE & FAX NUMBERS		
VENDOR.	VENDOR:		
	ACCOUNT NO.:		
	ADDRESS:		
ADDRESS.	ADDICEGO.		
CONTACT:	CONTACT:		
PHONE: FAX:	PHONE: FAX:		
VENDOR:	VENDOR:		
	ACCOUNT NO.:		
ADDRESS:	ADDRESS:		
	CONTACT:		
	PHONE: FAX:		
BA	ANK REFERENCE		
NAME:	ADDRESS:		
CONTACT: PH	ONE: FAX:		
ACCOUNT #:	ACCOUNT NAME:		
Please sign below to authorize release of credit histo	ry in confidence to WS Communications. (REQUIRED)		
SIGNATURE:	PRINT NAME:		
	DATE:		
TITLE:	DAIL		

fficiency of which are hereby acknowledged, and to induce WS Communications to extend credit as aforesaid, the undersigned hereby agrees to guarantee the payment in full of any amounts owing to WS Communications at any time hereafter from the aforesaid named party.

SIGNATURE:	PRINT NAME:	DATE: