

ACCOUNT INFORMATION FORM

BUSINESS INFORMATION

Legal Business Name: _____
 Doing Business As: _____
 Federal Tax ID: _____
 Contact Name: _____
 Email: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____

GUARANTOR INFORMATION

Owner Name: _____
 Home Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone #: _____
 SS#: _____ DOB: _____
 Date: / /
 Authorized Signature: _____

*Additional documentation may be required**

X
 I HEREBY AUTHORIZE T-CETRA LLC, INCORPORATED, TO WHOM THIS APPLICATION IS MADE, TO CHECK MY INDIVIDUAL CREDIT HISTORY IN CONNECTION WITH A BUSINESS TRANSACTION.

MERCHANT GUARANTEE: The undersigned unconditionally personally guarantees to T-CETRA the timely payment of all obligations to T-CETRA under this Agreement. Failure to make any payment when due shall be deemed a breach of Merchant's obligations and shall result in the immediate termination of this Agreement by T-CETRA without prior notification to Merchant. In the event of such breach, all monies owed T-CETRA under this Agreement shall be immediately due and payable.

- In consideration for the extension of credit, I, on behalf of my firm, acknowledge and agree to the following:
- (1) PAY YOUR INVOICES IN ACCORDANCE WITH THE TERMS AND AT THE ADDRESS FIXED BY THE INVOICE; (2) PAY INTEREST ON PAST DUE ACCOUNTS AT THE MAXIMUM LEGAL RATE PROVIDED FOR UNDER APPLICABLE LAW; (3) PAY ATTORNEY FEES AND COSTS OF COLLECTION; (4) ACKNOWLEDGE AND AGREE TO THE GENERAL TERMS AND CONDITIONS OF THE ATTACHED CONTRACT.
- I HEREBY REPRESENT AND WARRANT THAT THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON ANY ATTACHMENTS IS TRUE AND THAT IN MY CAPACITY, I AM AUTHORIZED TO BIND MY FIRM ACCORDINGLY.
- Customer agrees that it is purchasing T-CETRA product for resale to end-user customers of prepaid services and that Customer is wholly responsible for any and all sales tax obligations on all products purchased from T-CETRA.
- Customer warrants that the Customer information specified on this Schedule A is true and correct and authorizes T-CETRA to verify same, including the obtaining of a credit report on Customer and/or Customer's business. Customer authorizes T-CETRA to directly deduct via ACH transactions from Customer's bank Account all amounts due to T-CETRA for the sale of all T-CETRA PINs and services and any other charges specified.
- The undersigned Merchant represents and warrants that the information provided above is accurate and complete and acknowledges that T-CETRA reserves the right to request any documentation it reasonably deems necessary or advisable to verify the information provided by Merchant at any time and Merchant shall promptly comply with T-CETRA's request.
- This Agreement shall be subject to the laws of the State of Ohio and all disputes shall be resolved in the courts of Franklin County Ohio.

UNDER PENALTIES OF PERJURY, COMPANY CERTIFIES THAT:

1. The number shown on this Company Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person. *
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct (does not apply for T-CETRA).

SUBSTITUTE FORM W-9 Please check one business type

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Government |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Private Corporation |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Tax Exempt Organization (Include Documents That Support Exempt Status) |
| <input type="checkbox"/> Public Corporation | |

Limited Liability Company – Tax Classification: _____ (If LLC, Please Indicate D, C, S Or P)

(D=Disregarded Entity, C=C Corporation only, S= S Corporation, P=Partnership)

Legal Business Name*: _____

*Name (Of Business) As Shown On Your Business Income Tax Returns. For Sole Proprietors, This Should Always Be The Owner's Name.

Legal Business Address (No Po Box): _____ Tin (Employer Id #): _____

City: _____ State: _____ Zip: _____ Or Tin (Social Security #): _____

This Substitute W-9 is to be completed by you to furnish us your TIN and to certify that it is correct.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Furnishing your correct TIN, birth date, and making the appropriate certifications on this form will prevent your payment(s) from being delayed, or subject to backup withholding and a possible \$50.00 penalty imposed by the IRS under section 6723.

Signature: _____ Title: _____ Date: _____