



NEW CUSTOMER APPLICATION

Legal Company Name: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Accounts Payable Contact: _____ Phone: _____

Accounts Payable Email: _____ Email Invoices(Preferred): _____ Yes _____ No

FEIN: _____ Type of Business: _____ Date Incorporated: _____

Corporation LLC Partnership Sole Proprietor

Principals Name: _____ Title: _____ Phone: _____

Parent Company: _____ Address: _____

Are you Tax Exempt: _____ No _____ Yes (if Yes, please attach exemption certificate)

Are PO's required? _____ No _____ Yes

Any prior history of Bankruptcy or Reorganization under Bankruptcy Laws? _____ No _____ Yes (if Yes, when) _____

TERMS AND CONDITIONS

TO THE BEST OF MY KNOWLEDGE THE ABOVE FACTS ARE REPRESENTED AS TRUE. I AM AWARE THAT FALSIFICATION OF ANY OF THIS INFORMATION MAY RESULT IN DENTIAL OF CREDIT BY LANTANA COMMUNICATIONS CORP. MY SIGNATURE BELOW INDICATES MY PERMISSION FOR LANTANA COMMUNICATIONS TO OBTAIN CREDIT INFORMATION. COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT LANTANA COMMUNICATIONS WILL EXTEND CREDIT TERMS. PAYMENT WILL BE DUE IN FULL ACCORDING TO THE TERMS ON YOUR INVOICE UNLESS SUPERSEDED BY A SALES CONTRACT. THE UNDERSIGNED GUARANTEE(S) PAYMENT OF THE BALANCE OF THE ACCOUNT WHICH IS SOUGHT IN THIS APPLICATION AND AGREES TO PAY ADDITIONAL SUM IN THIRD-PARTY COLLECTION FEES AND/OR REASONABLE ATTORNEY'S FEES AND COURT COSTS IN THE EVENT SUIT IS NECESSARY TO EFFECT COLLECTION OF ANY SUM DUE.

Authorized Individual Signature Title Date

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