



Simple Network, Inc  
 25 S Main St, Suite 6  
 Edison, NJ 08837  
 Phone#: 732-452-1111 Fax#: 732-452-1010

# New Distributor Application

(This application must be approved before any Activation Request)

**Name of the Applicant (Company or Person)** \_\_\_\_\_ **Date of the Application.....** \_\_\_\_\_

DBA \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Phone \_\_\_\_\_ - \_\_\_\_\_ Fax#..... \_\_\_\_\_  
 E-Mail..... \_\_\_\_\_  
 Date of Business established..... \_\_\_\_\_ Current Monthly Volume..... \_\_\_\_\_  
 Federal ID# \_\_\_\_\_ Sales Tax License# \_\_\_\_\_  
 Business Type  Corporation  Partnership  Sole Propertership  LLC  
 Accounts Payable Manager..... \_\_\_\_\_ Phone# \_\_\_\_\_ - \_\_\_\_\_

**LIST EACH PRINCIPAL OR OWNER (REQUIRED)**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_ - \_\_\_\_\_

-----

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_ - \_\_\_\_\_

**BANK INFORMATION**

Bank Name \_\_\_\_\_ ABA# \_\_\_\_\_  
 Bank Address \_\_\_\_\_ Contact \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone# \_\_\_\_\_ - \_\_\_\_\_

**REFERENCES**

Company Name \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone# \_\_\_\_\_ - \_\_\_\_\_

-----

Company Name \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone# \_\_\_\_\_ - \_\_\_\_\_

I hereby certify that I am duly authorized to sign the application on behalf of the applicant and or company. The information in the application is true to the best of my knowledge. By signing here I am giving authorization to Simple Network, Inc., to check our credit history and references.  
 Personal Guarantee: I hereby guarantee the payment of all debts incurred by the above noted Company even if the invoices are made to the Corporation or Partnership or LLC

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_