



37 W 26th Street,
Suite 315,
New York, NY 10010-1120
Tel: (212) 951-7384
(646) 856-9583

Account Opening Application

Part 1: Company Information:

Name of the company _____ d/b/a _____

Address _____ City _____ State _____ Zip _____

Telephone #: _____ Fax #: _____

Date business was formed _____ EIN #: _____

Type of business: _____ Corporation _____ Partnership _____ Sole Proprietorship _____ LLC

Note: Please attach a copy of your tax ID.

Part 2: Owner's Information

Name of the owner of the business: _____

Cell #: _____ Home phone #: _____ First Last

Note: business owner must provide copy of his/her driver license.

Name of the Co-owner of the business: _____

Cell #: _____ Home phone #: _____ First Last

Part 3: Business Banking Information

Name of bank _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax: _____

Acct. Number: _____ Contact Person: _____

Part 4: Trade references

1. Company Name _____ 2. Company Name _____

Address _____

City _____

State _____ Zip _____

Tel: _____ Fax: _____

3. Company Name _____

Address _____

City _____

State _____ Zip _____

Tel: _____ Fax: _____

Address _____

City _____

State _____ Zip _____

Tel: _____ Fax: _____

4. Company Name _____

Address _____

City _____

State _____ Zip _____

Tel: _____ Fax: _____

I hereby certify that the information presented on this application is correct to the best of my knowledge. My signature below constitutes an authorization for Mobile Empire to contact the above references so that Mobile Empire can establish an account on my behalf.

Name

Authorized Sign

_____/_____/_____
Date

Note: Partially completed Account Opening Application will not be processed.