

Fax to:
U.S. Cellular Credit Specialist
Fax # 866-649-6099



Instructions:

1. Sales Associate fills out section 1.
 - a. Sole Ownership may not have a Tax ID.
2. Customer fills out section 2 and signs and dates the bottom of the form.
3. Please review to ensure all parts of the form are completed.
4. Sales Associate faxes the form to the Credit Specialist.

Business Reference Request

Please allow a minimum of 72 business hours to process.

Section 1:

Business Name: _____

CID/Auth #: _____ Tax ID (if applicable): _____

Sales Associate: _____ Associate Contact Number: _____

Number of Lines requested _____

Bank Information

Section 2:

Bank _____ Business Checking Account Number _____

Bank Phone Number With Area Code _____

Bank Contact Person _____

Has the Business Bank account been open longer than 6 months Yes No
If NO the bank reference cannot continue.

Business Guarantor Statement

The following paragraph must be signed by an officer of the company that will be responsible for payment of this account:

I hereby grant the following employee/associate permission to open an account for business purposes related to our company and agree that the responsibility for payment on the account will belong to the undersigned company. Under penalty of perjury, I warrant that I am authorized to make this decision on behalf of the company. I have attached to this statement a copy of my business card or company letterhead with my name on it.

(Name of individual granted authority to open account)

(Name of Company)

_____/s/_____
by: Name of Officer
(From Accounting, Purchasing, or Treasury Department)

By Signature below, subscriber confirms the truth and completeness of the above information. Subscriber further authorizes any business or trade references or consumer reporting/credit agencies to furnish company subscriber's credit records or history.

Authorized Signature: _____ Date: _____