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| Account Name: | | |
| Mailing Address: (Street, Suite Number) | | |
| Mailing Address: (City, State, Zip Code) | | |
| Telephone Number: | Fax Number: | Email Address: |

Has there been a change of ownership? Yes No

If yes, please fill out and submit a new account application.

If no, please provide a copy of current Driver License, Business License and Resale Permit (California companies only).

I/We understand that the information provided is for the purpose of opening an account with Valor Communication, Inc. and warrant that the information provided is true and correct. I/We authorize investigation of all credit references listed. All related terms and conditions are defined in our invoice. I/We further understand and agree that all accounts or money due to Valor Communication, Inc. shall be paid in accordance with the payment terms stated above and I/We agree to pay all reasonable costs of collection costs which are no less than 33% of the unpaid principle plus interest in addition to any court costs and/or attorney fees incurred.

Name (Please print)

Signature

Title

Date