

# Reseller Account Setup Form

(Complete and fax to 215-334-3475 along with your business certificates.)

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Ship to address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Fed Tax ID Number \_\_\_\_\_

## Credit Card Information

\_\_\_\_\_ I authorize AllVirtual, inc to charge all of my invoices to this card until I notify AllVirtual, inc to discontinue the use of the credit card.

\_\_\_\_\_ Charge all of my invoices to the card below but I require you to call for authorization for each invoice charged to the card.

Card Number \_\_\_\_\_

Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date of Authorization \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name and Date