

BRANDSWAY ELECTRONICS, INC.

300 KARIN LANE  
HICKSVILLE, NY 11801  
Tel: 516-686-6340  
Fax: 516-484-7920

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**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: \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

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

Name of the Co-owner of the business: \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

**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 _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Tel: _____ Fax: _____	Tel: _____ Fax: _____
3. Company Name _____	4. Company Name _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Tel: _____ Fax: _____	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 Brandsway International, Inc. to contact the above references so that Brandsway International, Inc. can establish an account on my behalf.

\_\_\_\_\_  
Name \_\_\_\_\_ Authorized Sign \_\_\_\_\_ / \_\_\_\_\_  
Date \_\_\_\_\_

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