



FATBOY CELLULAR

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CUSTOMER INFORMATION FORMS

COMPANY

COMPANY COMPLETE LEGAL NAME: _____

COMPANY TYPE:

S-CORPORATION C-CORPORATION PARTNERSHIP SOLE-PROPRIETORSHIP OTHERS

COMPANY REGISTERED ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

❖ TAX ID/SELLER PERMIT #: _____

COMPANY WEBSITE: _____

TELEPHONE #: _____

FAX #: _____

MAIN CONTACT

CONTACT NAME & POSITION: _____

DIRECT NUMBER: _____

EMAIL: _____

AUTHORIZED SIGNATURE

BY SIGNING THIS APPLICATION, I ATTEST THAT THE ABOVE INFORMATION IS
ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE

PRINT NAME: _____

SIGNATURE: _____ DATE: _____