

ZEBTEL NETWORKS, INC. **QUICK FILL FORM**  
(PLEASE PRINT LEGIBLY)

Business Name _____	DBA _____
Business Address _____	
Mailing Address (If other than above) _____	
Business Phone # _____	Fax # _____
E-mail _____	Federal Tax I.D. # _____
Purchasing or Leasing the terminal from us _____	
Does your phone line require dialing a # 9, before making an out going call _____	
If you own a terminal:	
Type of Equipment _____	Model _____ Serial # _____

Type of Business:	Sole Proprietor _____	Corporation _____	Years in Business _____			
Circle one:	Liquor store	Salon	Convenience Store	Restaurant	Gas Station	Pharmacy
	Travel Agency	Deli	Dry Cleaning	Supermarket	Check cashing	Other _____
I will Accept (Circle)	Visa	MasterCard	AMEX	Discover	Debit Cards	EBT (FCS) # _____

<b>-OWNER / OFFICER INFORMATION-</b>	
Legal Name _____	Social Security # _____
Date of Birth _____	Drivers License # / State _____
Home Address _____	
% of Ownership _____	Signature _____

<b>-BANK INFORMATION-</b>	
Name of Bank _____	Phone # _____
Bank Address _____	
Routing # _____	Account # _____
<b>*(Please attach a voided check, Copy of Drivers License &amp; Business License / Certificate)*</b>	