



GOVERNMENT ENTITY APPLICATION

GENERAL INFORMATION

LEGAL NAME (APPLICANT)					
FUNCTION (i.e. Police, School, City, County, etc.)					
STREET ADDRESS		CITY	STATE	ZIP	COUNTY
MAILING ADDRESS (if different than street address)		CITY	STATE	ZIP	COUNTY
CONTACT NAME		PHONE#	FAX#	EMAIL ADDRESS	
WEBSITE		FED TAX ID#	UBI#	NO. of EMPLOYEES	

- ▶ Do you use PO numbers and require that it be included on our invoice to you? **Y** **N**
- ▶ Would you like to receive your invoices via email? **Y** **N** If yes, please provide the following information:
- ▶ Email address _____
- ▶ Is your organization Tax Exempt? **Y** **N** (If yes, please include tax exempt certificate)

AGREEMENT- MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE

In consideration of Day Wireless Systems (DWS) extending payment terms, Applicant agrees to be bound by all DWS contractual terms, including the following:

1. Applicant agrees to pay all invoices in full by the due date appearing on the invoice.
2. In the event payment is not received in full by the invoice due date, Applicant agrees to pay a late payment charge at the rate of 1.5% per month which is an annual rate of 18% on all amounts past due.
3. Payments will first be applied to any applicable late payment charges and remaining portion to invoice balance.
4. Applicant agrees to pay all reasonable attorney fees/costs and or collection agency fees and costs not to exceed 50% of the unpaid amount thereon, for the collection and enforcement of all delinquent and unpaid accounts. If suit or action by an attorney is instituted, venue shall be in the state and county of DWS choice. Applicant specifically understands that they are waiving their right to choice of venue.
5. DWS reserves its right, at its sole discretion and without notice, to cancel all available credit or refuse to make future advances.
6. Any disputed transactions must be addressed in writing within 30 days of receipt, specifying reasons for dispute. Failure to notify DWS with respect to defective goods or billing shall constitute a waiver of all such disputes.
7. Applicant understands the above-stated credit terms and policy, as indicated by authorized representative agreement below.

APPLICANT ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH DWS CONTRACTUAL TERMS.

The above information is for the purpose of extending payment terms and is warranted to be true.		
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Authorized Representative's SIGNATURE	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Authorized Representative's NAME & TITLE	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DATE

PLEASE RETURN COMPLETED APPLICATION TO YOUR DWS SALES REPRESENTATIVE