



Division of Moser Services Group, LLC
WHOLESALE APPLICATION

Account Type: Prepay/Credit Card Net 30 Terms
REQUESTED LINE OF CREDIT AMOUNT: _____

BUSINESS INFORMATION

Company Name: _____ D.B.A.: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Email: _____
Phone: _____ Website: _____
Type of Business: _____ Years in Business: _____ Gross Sales: _____
Federal ID # or SSN: _____ Principals Name: _____
DUNS's No: _____ Tax Exempt: [] Yes [] No

Must complete below for Net 30 Day Term Consideration

BANK REFERENCE

Bank Name: _____ Account No: _____
Address: _____
Contact Name: _____ Phone: _____ Date Opened: _____

TRADE REFERENCES

Company Name: _____ Contact Person: _____
Address: _____
Email: _____ Phone: _____
Company Name: _____ Contact Person: _____
Address: _____
Email: _____ Phone: _____
Company Name: _____
Address: _____ Contact Person: _____
Email: _____ Phone: _____

By signing below, you certify the information provided is true and correct to the best of your knowledge. You further authorize EV Charge Solutions to contact your credit references and solicit a credit report on your company. Please provide a sales tax-exempt / resale certificate and your current Form W9.

SIGNATURE: _____ Title: _____
Printed Name: _____ Date: _____

For Office Use:
Approval Amount: _____ Approved BY: _____ Date: _____