



**ACH/PAYMENT REQUEST**  
(CUSTOMER PROFILE FORM MUST ALSO BE COMPLETED)

COMPANY NAME: \_\_\_\_\_ DBA: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE \_\_\_\_\_

**BANK INFORMATION**

BANK NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ TITLE OF BANK OFFICER \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

**BANK REFERENCE AUTHORIZATION**

Dear Bank Officer:  
Our company, \_\_\_\_\_, is processing an account application with SF Cellular. We hereby authorize you to furnish to them any bank and/or credit information, regarding accounts with you so that they may adequately evaluate our company. Your prompt response to this request would be appreciated. A facsimile copy of this authorization is as valid as its original.

Sincerely,

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Bank Account Number (1)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Bank Account Number (2)

APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE ACCOUNT BALANCE INCLUDING COURT COSTS, COLLECTION FEES AND ATTORNEY'S FEES OF NOT LESS THAN 33% OF THE UNPAID PRINCIPAL AND INTEREST. AS AN INDUCEMENT TO ACCEPT COMPANY CHECK, THE UNDERSIGNED AGREES TO THE NEED FOR VERIFICATION OF ALL INFORMATION ON THIS APPLICATION TO FURNISH ANY AND ALL INFORMATION REQUESTED BY SUPER FAIR CELLULAR, BY TELEPHONE OR WRITTEN CORRESPONDENCE WHICHEVER SUPER FAIR CELLULAR REQUESTS. THE UNDERSIGNED WARRANTS THAT THE INFORMATION IS TRUE AND CORRECT. AS AN INDUCEMENT TO GRANT CREDIT, THE UNDERSIGNED AGREES TO ALLOW SUPER FAIR CELLULAR THE RIGHT TO OBTAIN THE CREDIT HISTORY OF THE UNDERSIGNED AND AUTHORIZES THE RELEASE OF SUCH INFORMATION.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME & TITLE

**PERSONAL GUARANTEE (MUST BE SIGNED)**

IN CONSIDERATION OF ACCEPTANCE OF COMPANY CHECK OR CREDIT EXTENDED BY SUPER FAIR CELLULAR TO THE ABOVE NAMED APPLICANT, THE UNDERSIGNED GUARANTOR(S) EACH CONTRACT AND GUARANTEE TO PAY THE FAITHFUL PAYMENT, WHEN DUE OF ALL ACCOUNTS OF THE APPLICANT FOR THE NEXT 5 YEARS FROM THE DATE OF THE APPLICATION. THE UNDERSIGNED GUARANTEE, NOTICE OF EXTENSION OF CREDIT TO THE APPLICANT, PRESENTMENT OR DEMAND FOR PAYMENT AND ANY NOTICE OF DEFAULT BY APPLICANT AND ALL OTHER NOTICES GUARANTOR(S) MIGHT OTHERWISE BE ENTITLED TO. REVOCATION OF GUARANTEE SHALL BE IN WRITING AND DELIVERED BY CERTIFIED MAIL TO SF CELLULAR AT 1374 Rankin Drive, Troy, MI 48063.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME & TITLE



**BANK VERIFICATION**  
(to be completed by Bank)

COMPANY NAME: \_\_\_\_\_ DBA: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE \_\_\_\_\_

BANK NAME/BRANCH: \_\_\_\_\_

NAME OF OFFICER(S): \_\_\_\_\_

<b>Account Type (please circle one):</b>	<b>Checking</b>	<b>Savings</b>
Current Balance (please circle):	Low Mod Med High Nominal	3 4 5 6 7 8 9 Digits (example: \$5,000 = Med 4 Digits)
Average mo. Bal (please circle):	Low Mod Med High Nominal	3 4 5 6 7 8 9 Digits (example: \$2,000 = Low 4 Digits)
Date Opened	_____	
NSF Activity	Last 3 mo. _____	Last 12 mo. _____

<b>Account Type (please circle one):</b>	<b>Checking</b>	<b>Savings</b>
Current Balance (please circle):	Low Mod Med High Nominal	3 4 5 6 7 8 9 Digits (example: \$5,000 = Med 4 Digits)
Average mo. Bal (please circle):	Low Mod Med High Nominal	3 4 5 6 7 8 9 Digits (example: \$2,000 = Low 4 Digits)
Date Opened	_____	
NSF Activity	Last 3 mo. _____	Last 12 mo. _____

ADDITIONAL COMMENTS: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Please print)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**URGENT FAX REQUEST!**

**Attention Bank Officer:** Upon completion, fax **both** pages 1 and 2 to the following:  
Super Fair Cellular. – Credit Department  
FAX: 248.547.6700  
Phone: 248.547.4100 x. 221  
1374 Rankin, Troy, MI 48083