



Fiber Optic Network Cable Solutions LLC

In order to start a business relationship with you, please proceed to fill out the attached "PAYMENT TERMS FORM" and the subject of the credit department.

THANK YOU for trusting the service of FIBER OPTIC NETWORK CABLE SOLUTIONS, we are at your service in:

Location

11905 Hayter Rd Laredo, TX 78045 USA
Connectivity Sales +(1) 888 426 9006
Fiber Optic Cable Sales +(1) 888 227 1072
<https://foncs.com/>

Any question please contact our Account & Receivable Department:

VANIA DIAZ
billing@foncs.com
Phone: 888 227 1072

REQUIREMENTS TO OPEN AN ACCOUNT WITH FIBER OPTIC NETWORK CABLE SOLUTIONS LLC

- Taxpayer Identification number (TIN)
- Proof of Business address (Recent Phone or internet bill, or any other copy of a utility bill)
- ID (Legal representative)
- 3 Recent Bank Account Statements (First Page Only)
- W9 Form

PLEASE, FILL OUT THE FOLLOWING SECTIONS CORRECTLY

- Forms must be filled out legibly and completely, without any abbreviations.
- Accounts are reviewed and documented every six months after being accepted.

The client agrees to notify FIBER OPTIC NETWORK CABLE SOLUTIONS LLC any change of ownership of your company within a term of ten (10) days, annexing the corresponding documentation.



Payment Terms Form

SECTION 1. COMPANY INFORMATION

Company Name: _____

Trade Style (DBA): _____

Billing Address: _____

City/State: _____ ZIP: _____ Country: _____

Date Business Established: _____ TAX ID: _____

DUNS Number: _____ Phone Number: _____

Fax: _____

Legal description of Business: Corporation Partnership Sole Proprietorship LLC

Other: _____

SECTION 2. PAYMENT CONDITIONS

Payment Method:

Direct Deposit Wire Transfer ACH Amount Required: \$ _____

Invoice Review: Monday Tuesday Wednesday Thursday

Friday Schedule: _____

Payment Review: Monday Tuesday Wednesday Thursday

Friday Schedule: _____

SECTION 3. BANK REFERENCES

Bank : _____ City/State: _____

Address: _____ ZIP: _____

Country: _____ Contact Name: _____

Phone Number: _____ Fax: _____

Normal Balance Carried: \$ _____



SECTION 4. TRADE REFERENCES

NOTE: Our company requires two business references at least to process this application. Your company must have a valid credit line with them.

Reference 1:

Company Name (Obligatory): _____

Address: _____

City, State: _____ Zip: _____ Country: _____

High Credit: _____

Terms: _____

Contact (Obligatory): _____ Phone (Obligatory): _____

Fax: _____ Email (Obligatory): _____

Reference 2:

Company Name (Obligatory): _____

Address: _____

City, State: _____ Zip: _____ Country: _____

High Credit: _____

Terms: _____

Contact (Obligatory): _____ Phone (Obligatory): _____

Fax: _____ Email (Obligatory): _____

SECTION 5. INSTRUCTIONS FOR INVOICE INCOME

Application Information:

Accounts Payable Contact Name: _____

Email: _____ Phone: _____

Purchasing Agent Name: _____

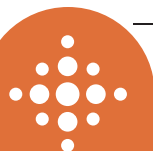
Email: _____ Phone: _____

Manager or Administrative Director Name: _____

Email: _____

Requirements to invoice payment (Example: Invoice, PO, Quote, etc.): _____

Observations: _____





SECTION 6. PAYMENT AGREEMENT

By signing below, the Subscriber and the Applicant accept their obligation to pay, and in protest of telling the truth they indicate that they are financially able to support the payment of any debts with FIBER OPTIC NETWORK CABLE SOLUTIONS LLC.

In case FIBER OPTIC NETWORK CABLE SOLUTIONS LLC, if it is necessary to resort to judicial or extrajudicial collection actions to recover any outstanding balance including interests, they accept the right they will have to collect any expenses incurred in relation to such actions, including, but not limited to, service charges, attorneys fees and costs.

The Subscriber and the Applicant authorize the disclosure of all the information necessary to verify the content of this application to be processed and / or authorize contacting third parties regarding the creditworthiness of the Subscriber and the Applicant. I also authorize FIBER OPTIC NETWORK SOLUTIONS LLC, to use the credit reports issued to evaluate the creditworthiness of the partners, company, guarantees and / or guarantors.

Print Name	Title	Date
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Subscriber Authorized Signature

