



100-13551 Verdun Place, Richmond, BC, Canada, V6V 1W5
Tel: 1-604-273-3003 Fax: 1-604-273-3023
Website: www.zcover.com e-mail: sales@zcover.com

ACCOUNT SETUP APPLICATION FORM

Step #1: Please **fill** and sign this Account Setup Form and Credit Application Authorization Form,

Step #2: Please **fax** to 1-604-273-3023 or email PDF format to sales@zcover.com

Step #3: Please **MAIL** original signed form to ZCOVER INC. 100-13551 Verdun Place, Richmond, British Columbia, Canada, V6V 1W5 Attn. Account Setup

CONTACT INFORMATION

Business Name _____

Business Address _____

City/State _____ **Zip/Postal Code** _____ **Country** _____

President / Owner _____ **Phone #** (_____) _____

Federal Tax ID# _____ **Web Site** _____ **Years in Business** _____

Major Business and Services _____ **No. of Employees** _____

Purchase Contact: _____ **E-mail** _____

Phone # (_____) _____ **Fax #** (_____) _____

A/P Contact _____ **E-mail** _____

Phone # (_____) _____ **Fax #** (_____) _____

BUSINESS INFORMATION

We are: On-line Store Retail Store Service Provider Wholesale Reseller Distributor
 Hospitals Education Government Business Internal Use
others _____

We are interested in products and services related to:

- Cisco Polycom Blackberry iPod, iPhone & Mac Other Smart/IP phones _____
 Carrying Cases Bluetooth Batteries Dock Chargers AC & Auto Power Adapters
 Keyboard & Covers Mouse & Covers Other Input Devices _____
 Customized Case / Cover Design Corp Logo Printing Others _____

We are Authorized distributor of _____ **(product Brand) in** _____ **area.**

We are member of _____ **Program/ Board /Organization**

We are Business Partner of _____

We are Authorized Service Center of _____



100-13551 Verdun Place, Richmond, BC, Canada, V6V 1W5
Tel: 1-604-273-3003 Fax: 1-604-273-3023
Website: www.zcover.com e-mail: sales@zcover.com

CONFIDENTIAL CREDIT APPLICATION & AUTHORIZATION

Business References

1. Company Name _____ is our Vender Local Service Provider

Term: _____ Credit Limit: _____ Annually Volume \$ _____

Contact: _____ e-mail: _____

2. Company Name _____ is our Vender Local Service Provider

Term: _____ Credit Limit: _____ Annually Volume \$ _____

Contact: _____ e-mail: _____

3. Company Name _____ is our Vender Local Service Provider

Term: _____ Credit Limit: _____ Annually Volume \$ _____

Contact: _____ e-mail: _____

Bank Information and Credit Information Release Authorization

Bank Name: _____

Bank Address: _____

Bank Account # _____

Account Manager Ms. / Mr.: _____ e-mail: _____

Fax: +____ () _____ Tel: +____ () _____

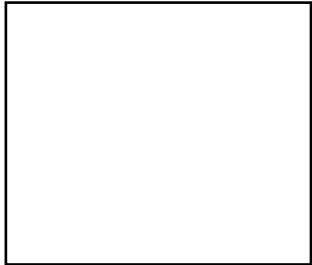
This is to authorize the bank to release our bank credit information to zCover Inc. and its agent for the purpose of setting up business account and terms and credit application.

Authorized Sign: _____

Print Name: _____

Title _____

Date: The _____ day of _____, 2009



(Corp. Seal)

- Step #1: Please fill and sign this Account Setup Form and Credit Application Authorization Form,
- Step #2: Please fax to 1-604-273-3023 or email PDF format to sales@zcover.com
- Step #3: Please **MAIL** original signed form to ZCOVER INC. 100-13551 Verdun Place, Richmond, British Columbia, Canada, V6V 1W5 Attn. Account Setup