

Customer Profile Set Up Form

Please complete this form in its entirety

Customer Name _____

DBA/Other Trade Name(s), Holding Co., etc. - complete if applicable or state None _____

Type of Entity (Corp., Individual, Partnership, LLC, etc.) _____

Type of Business (Wholesale/Retail, etc.) _____

State of Incorporation _____ **Federal Tax ID No.** _____

(if different than Customer Name)

FCC Registration No. _____ **FCC Registration Name** _____

(if different than Customer Name)

FCC 499 Filer ID No. _____ **Name of Entity with 499 Filer ID** _____

Tax Exempt: Yes ☐ **No** ☐ *A Tax Exemption Package will be sent for completion prior to production*

Legal Compliance Contact Name _____ **Email** _____

Website URL _____

Main Telephone No. _____ **Fax Number** _____

Headquarters Physical Address _____

Street

City

State

Zip Code

Billing Address - If address same as Headquarter Address Check Box - ☐

Street City State Zip

Other Associated Physical Street Address(s) _____

Previous Addresses (past 5 years) _____

SECTION B:

Accounts Payable Contact _____ **Email** _____ **Phone** _____

Entity Name - Payment Remittance _____

Bank Name - Payment Remittance _____

SECTION C:

OFFICER(S)/OWNER(S)/PRINCIPAL(S):			
NAME	TITLE	Ownership %	PHONE/EMAIL

TRADE REFERENCES		
Company	Contact Name	Phone/Email

BANK REFERENCES		
Bank Name	Contact Name	Phone/Email

SECTION D:

- Has Customer or any controlling person of the Customer been the subject of a lawsuit or the subject of any other law enforcement action by any state or federal agency because of its business practices?
No: ☐ Yes ☐ (If Yes, Explain): _____
- Customer has implemented the STIR/SHAKEN Authentication Framework or has a documented and approved (by its requisite corporate authority) plan to implement the STIR/SHAKEN Authentication Framework no later than June 30, 2021, unless changed pursuant to applicable legislation, or a successor authentication framework if subsequently mandated by applicable federal law or regulation. No: ☐ Yes ☐
- Does the Company represent and warrant that it has not engaged in any illegal spoofing?
- Are any calls originated by your organization subject to the FCC's TCPA rules, FTC's Telemarketing Sales Rule (TSR) provisions and or the FTC's Do Not Call (DNC) Registry?
- If your organization's calls are subject to the TCPA, TSR or the DNC Registry, please certify your organization can comply now, and going forward, with applicable Federal and State Telemarketing rules and regulations.

Customer affirms and certifies that all information and answers to questions herein are complete, true, and correct to the best of signatory's knowledge and belief. DIALSTREAM TELECOM COMMUNICATIONS SERVICES. retains the right to deny credit or close the account whenever it deems necessary. It is understood and agreed that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as credit reporting agencies, business associates, financial sources, or others with whom the applicant is acquainted. This investigation is not limited to the references listed in this application. This inquiry may include information as to the applicant's capacity, general credit reputation, business character, and other information we deem necessary to make a sound credit decision.

The signatory below represents and warrants that he/she has full capacity and authority to sign on behalf of customer.

Customer Name: _____

Signature _____

Printed Name: _____

Title: _____