

<b>Account Name:</b>		
<b>Mailing Address: (Street, Suite Number)</b>		
<b>Mailing Address: (City, State, Zip Code)</b>		
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>Email Address:</b>

**Has there been a change of ownership?**       Yes     No

*If yes, please fill out and submit a new account application.*

*If no, please provide a copy of current Driver License, Business License and Resale Permit (California companies only).*

I/We understand that the information provided is for the purpose of opening an account with Valor Communication, Inc. and warrant that the information provided is true and correct. I/We authorize investigation of all credit references listed. All related terms and conditions are defined in our invoice. I/We further understand and agree that all accounts or money due to Valor Communication, Inc. shall be paid in accordance with the payment terms stated above and I/We agree to pay all reasonable costs of collection costs which are no less than 33% of the unpaid principle plus interest in addition to any court costs and/or attorney fees incurred.

\_\_\_\_\_  
**Name (Please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**