



Web: www.knbwireless.com



NEW DEALER APPLICATION

PERSONAL CONTACT INFORMATION

Contact Name:

Title:

Email Address:

Mobile #:

BUSINESS CONTACT INFORMATION

Company Name:

Business Tax ID (EIN):

Contact #:

Fax #:

Company Address:

City:

State:

ZIP Code:

Date Business commenced:

Type of Company:

Other Wireless Carriers :

Location Type :

**Please email the dealer application along with all the required documents to:
contact@knbwireless.com.**

**\We look forward to a long and prosperous relationship with you.
Thank you for your time and interest.**