



New Account Application

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Name:	_____	Phone (1): () -	Ext.: _____
Title:	_____	Phone (2): () -	Ext.: _____
Institution:	_____	Fax: () -	
Department:	_____	E.mail:	_____

Mailing Address	
Attention:	_____
Phone:	() - Ext.: _____ Fax: () -
Address 1:	_____
Address 2:	_____
Address 3:	_____
City:	_____ State: _____ Zip Code: _____ - _____
Country:	_____

Shipping Address	
<input type="checkbox"/> <i>Same As Mailing Address</i>	
Attention:	_____
Phone:	() - Ext.: _____ Fax: () -
Address 1:	_____
Address 2:	_____
Address 3:	_____
City:	_____ State: _____ Zip Code: _____ - _____
Country:	_____

Billing Address	
<input type="checkbox"/> <i>Same As Mailing Address</i> <input type="checkbox"/> <i>Same As Shipping Address</i>	
Attention:	_____
Phone:	() - Ext.: _____ Fax: () -
Address 1:	_____
Address 2:	_____
Address 3:	_____
City:	_____ State: _____ Zip Code: _____ - _____
Country:	_____

Please Fax Completed Form to: 949-341-1982 Or Mail to:

WaveSense, Inc.
15339 Barranca Pkwy
Irvine, CA 92618



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Shipping Preferences		
<input type="checkbox"/> No Preference	<input type="checkbox"/> FedEx	<input type="checkbox"/> UPS
Shipping Payment		
<input type="checkbox"/> Prepay & Add to Invoice		
<input type="checkbox"/> Use My Company's Account #: _____		

Payment Method			
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card #:	_____		
Expiration Date:	____ / ____ / ____		
Name on Card:	_____		
<input type="checkbox"/> Prepay by Check		<input type="checkbox"/> Invoice – Net 30 Days	

Name:	_____	Phone:	_____
Signature:	_____	Date:	_____

Please Do Not Write Below This Line

For WaveSense, Inc. Use Only	
Application Received:	____ / ____ / ____
Application Processed by:	_____
Approved by:	_____
Signature: _____	Date: ____ / ____ / ____
Customer Account Number:	_____
Comments:	_____

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