



T-MOBILE DEALER / NON-RETAIL REGISTRATION FORM

T-MOBILE BILLING INFORMATION					
CONTACT NAME:					
CONTACT EMAIL:					
CONTACT PHONE:					
COMPANY NAME:					
BILLING ADDRESS:					
BILLING CITY:		STATE:		ZIP:	

T-MOBILE ADDITIONAL SHIP TO ADDRESSES (Check the item below that applies)
<input type="checkbox"/> NO I ONLY WANT THE ABOVE LOCATION LOADED INTO MY ACCOUNT
<input type="checkbox"/> YES I WANT ADDITIONAL SHIP TO ADDRESSES LOADED INTO MY ACCOUNT <i>(If Yes above, please download, complete and attach the <u>T-Mobile Shipping Locations</u> spreadsheet with this Registration Form).</i>

T-MOBILE PAYMENT AUTHORIZATION (Check the item below that applies)
<input type="checkbox"/> NO I WILL PAY WITH THE DEFAULT OPTION OF A CREDIT CARD
<input type="checkbox"/> YES I WANT TO BE SET UP TO PAY WITH A PURCHASE ORDER OR ACH <i>(If Yes please download, complete and attach the <u>T-Mobile Payment Authorization Form</u> with this Registration Form).</i>
<input type="checkbox"/> YES, NON- RETAIL ONLY: I WANT TO BE SET UP TO BILL MY COST CENTER NUMBER, COST CENTER NUMBER IS _____

T-MOBILE ADDITIONAL USERS AUTHORIZATION (Check the item below that applies)
<input type="checkbox"/> NO I MANAGE ALL ORDERS FOR THE SITES I OWN OR OPERATE
<input type="checkbox"/> YES I THE SITES I MANAGE TO HAVE ACCESS TO PURCHASE UNDER THEIR OWN ACCOUNTS <i>(If Yes, you must complete and return <u>T-Mobile Payment Authorization Form</u> with this Registration Form).</i>

VEOLIA INFORMATION ONLY- DO NOT WRITE IN THIS BOX			
DATE RECEIVED:		DATE PROCESSED:	
VEOLIA REPRESENTATIVE:			
ASSIGNED USERNAME:		ASSIGNED PASSWORD:	

RETURN COMPLETED AND SIGNED FORM BY EMAIL TO: pak.ts@veolia.com

Questions regarding this form should be directed by email or by phone to 888.669.9725