Credit Application

(Confidential)

| Business Information (If | you do not have a Client/Account | Number complete a Client and Accoun | |
|---------------------------------|----------------------------------|---|--------------------------------|
| Client Number (if known) | Account Number (if known) | Amount of Credit Requested (Expected equivalent of two months' activity) | J Level Requested would be the |
| Firm or Other Name | | Accounts Payable Contact | Years in Business |
| References (3 required) | | | |

| References (5 required) | | | | |
|---|--|---|--|--|
| Name | | Contact Name | | |
| | | | | |
| Phone Number (include Area Code) Fax Number (include Area Code) | | Address (City, Province/State, Country and Postal/Zip Code) | | |
| | | | | |
| | | [| | |

| Name | | Contact Name | |
|---|--|---|--|
| | | | |
| Phone Number (include Area Code) Fax Number (include Area Code) | | Address (City, Province/State, Country and Postal/Zip Code) | |
| | | | |
| | | | |

| Name | | Contact Name | |
|---|--|---|--|
| | | | |
| Phone Number (include Area Code) Fax Number (include Area Code) | | Address (City, Province/State, Country and Postal/Zip Code) | |
| | | | |
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Financial Institution Information

| Financial Institution | Financial Institution Address (City, Province/State, Country and Postal/Zip Code) | |
|-----------------------|---|--|
| | | |

Account (Optional)

Terms:

Account Manager

- Accounts are due upon issuance of monthly statement. A late payment charge of 1.5% per month compounded monthly or 19.5% per annum, shall be added on any unpaid balance 30 days after the account is due and payable, and interest calculated at the aforesaid rate shall be added to the outstanding balance until the entire balance is paid in full. Information Services Corporation reserves the right to amend or change the provisions, terms and conditions of this agreement at any time by mailing to the credit holder written notice of such amendments or modifications.
- Information Services Corporation reserves the right to withholdfurther credit to any credit holder, once the credit limit of the account is reached.
 Any change of name or address, financial institution or authorized signing officers must be reported to Information Services Corporation
- immediately.

Credit Authorization:

The undersigned authorizes Information Services Corporation to contact all references given and make enquiries into credit history. Upon
approval, I/we agree to abide by the terms and conditions pertaining to product/services purchased on credit.

Position

Name

| Date (DD/MM/YYYY) | | | Authorized Signature | |
|-------------------------|-------------------|----------|----------------------|--|
| For ISC Office Use Only | | | | |
| Credit Amount Approved | Date (DD/MM/YYYY) | Approved | | |
| | | | | |