

Spectrum Business Services, Inc. Credit Application for a Business Account

Business Contact Information

| | | | |
|-----------------------------|--------------|--------------|--------|
| Title: | | | |
| Company Name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | State: | ZIP: | |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |

Business and Credit Information

| | | | |
|------------------------------|----------------|---------|--------|
| Primary business address: | | | |
| City: | State: | ZIP: | |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | | | |
| City: | State: | ZIP: | Phone: |
| Type of account | Account number | | |
| Savings | | | |
| Checking | | | |
| Other | | | |

Business and/or trade references

| | | | |
|------------------|--------|---------|--|
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |

Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made with 7 working days.
3. By submitting this application you authorize Spectrum Business Services. to make enquiries to the banking, savings, business, and/or trade references you have supplied.

Signatures

| | |
|-----------------|-----------------|
| Title: Date: | Title: Date: |
|-----------------|-----------------|