



PRIME ONE TECHNOLOGIES

CONFIDENTIAL CREDIT APPLICATION

NAME OF COMPANY _____
ADDRESS _____
CITY & PROVINCE _____
POSTAL CODE _____
TELEPHONE/FAX _____
NAME OF PURCHASER _____

Are you the owner at the current address? (Y/N) _____

AUTHORIZED SIGNING OFFICERS (OWNERS/SHAREHOLDERS)

Name and Position:	Address
_____	_____
_____	_____

Individual Responsible for accounts payable: _____

Type of operations: _____

Years of Establishment: _____

REFERENCES

Please provide us with three credit references:

	NAME	ADDRESS	TELEPHONE	FAX
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3.	_____	_____	_____	_____

CREDIT CARD AUTHORIZATION INFORMATION: VISA or MASTERCARD

CARD HOLDER NAME _____
ADDRESS _____
CITY & PROVINCE _____
POSTAL CODE _____

TELEPHONE/FAX _____

CREDIT CARD #: _____

Expiration Date: _____, 20_____

CVC (3 digits): _____

Please Note: All Clients on account must have a credit card on file with Prime One Technologies. Maximum Terms given is 30 days. If payment is not received within 15 days past the invoice Due Date, Prime One Technologies has the right to charge the amount owing to the credit card provided on file. Prime One Technologies will make all efforts to contact its Clients prior to charging the credit card. Signature below confirms acceptance of Terms and Conditions outlined.

CARD HOLDERS SIGNATURE: _____

DATE: _____