

Credit Application Form

Legal Name of Company		
Billing Address		
Shipping Address <input type="checkbox"/> Same as Billing		
Legal Form Under Which Business Operates		
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>		
Phone#		Fax#
Buyer Contact	E-mail Address	Phone#
Billing Contact	E-mail Address	Phone#
Title	Name	Email Address
President/CEO/Owner		
VP/Partner		
Requested Credit Limit (subject to approval)		

Banking Information

Institution Name:	Checking Account#
Address:	Phone#

Trade References

Company Name	Company Name	Company Name
Contact Name	Contact Name	Contact Name
Address	Address	Address
Phone	Phone	Phone

I certify that the information contained herein is complete and accurate. The undersigned consents to the obtaining of such information by Fotonz Inc. from any credit reporting agency or other source as Fotonz Inc. may require at any time in connection with credit and to the disclosure of any information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or propose to have financial relations.

Print Name

Title

Signature

Date