

BUSINESS CREDIT APPLICATION FORM

Full Registered name of Organization ("Applicant"):

Trading name of Applicant (if applicable):

Registration no:

Holding Company (if applicable):

VAT Registration no.:

Date Organization was established:

Type of entity: Private Company [] Close Corporation [] Partnership [] Trust [] Sole Proprietor []
Other (specify) []

Owners/Partners/Directors/Members

- 1. Identity No.
2. Identity No.
3. Identity No.

Number of Employees

Annual Sales (Previous fiscal year).....

Applicant's Contact details:

Street address

City Country Postal/Zip

Contact Name: email:

Telephone: Fax:

Applicant's Bank account details:

Bank name:..... Account name:

Account no.:..... Branch code:

Contact Name: email:

Telephone: Fax:

Trade references:

- 1. Trade reference Tel no.
Email address:
2. Trade reference Tel no.
Email address:
3. Trade reference Tel no.
Email address:
4. Trade reference Tel no.
Email address:

Credit Limit Requested

Payment Terms Requested

Financial Statements Provided Y/N

Contact in accounts department:

Name:..... Telephone:..... Fax:.....

Email:.....

The Applicant hereby agrees to the Following Terms:

All invoices are due within 30 days from the invoice date. If any amounts due hereunder are not paid by the applicable due date, a late fee may be assessed in an amount not to exceed the lesser of 1.8% of the unpaid balance per month or the maximum amount permitted by law per our Terms of Service.

<https://www.cloudhawk.com/terms-of-service/>

I, the undersigned do hereby warrant that I am duly authorized to make this Credit Application and to sign this agreement on behalf of the applicant. Declaration: By signing below, I/we certify that the information provided on this credit application is true, complete, and accurate to the best of my/our knowledge. I/we authorize the company to verify the information provided and to conduct credit checks as necessary. I/we understand that submission of this application does not guarantee credit approval.

Signed: _____ Date:.....

Signature..... Name:

Title:.....

FOR OFFICE USE ONLY

Date Approved

Credit Limit Approved

Payment Terms Approved

Special Condition

Account Executive

Branch

SIGNED FOR AND ON BEHALF OF SPARK TECHNOLOGY LABS INC.

Name in full

Position

Signature

Date

Please return Completed form to billing@cloudhawk.com