

Please complete the following credit application, then sign it and return to Vectra with your audited financial statements.

CREDIT APPLICATION

(1) INFORMATION ABOUT THE COMPANY

Nar	ne o	of company:					
Stre	eet /	Address:					
City	/:		State:		Country		
Tel:			F	ax:			
Ema	ail: _		: \$	Skype:			
Тах	ID:			un & Bradstre	eet:		
Indi	vid	ual Ownership:	Corporatio	on:	Partnership:		
Nar	ne o	of Principles:					
					S:		
		did your company start					
					·		
(2)	QU	JESTIONS ABOUT THE C	OMPANY				
	1.	Has your company declared bankruptcy over the last 5 years? (Yes) or (No)					
	2.	. Does your company have any outstanding debt unpaid? (Yes) or (No) 3. Has					
		company had any retu	urned checks? (Yes)	or (No)			
(3)	со	MMERCIAL CREDIT REF	ERENCES				
		Company:					
		Contact:					
		Tel:					
		Fax:		·			
		Email:			·		
		Terms of credit:		. Cre	dit limit .		

Address:				
of Last Sell:			- .	
ВҮ:	Iitle:		Date:	
Company:				
Contact:				
Tel:		·		
Fax:				
Email:				
Terms of credit:				
Address:				
of Last Sell:	•			
BY:	Title:		Date:	
Company:				
Contact:				
Tel:				
Fax:				
Email:				
Terms of credit:				
Address:				
of Last Sell:	·			
			Date	

In further consideration of extended credit to the above, I (we) hereby guarantee jointly and severally the obligations of the above and assume full responsibility for the payment of any unpaid obligations.

BY: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _______Date: _______Date: _______Date: _______Date: _______Date: _______Date: _______Date: ______Date: _______Date: _______Date: _______Date: ______Date: _______Date: ______Date: ______Date: _______Date: ______Date: ______Date: ______Date: _______Date: ______Date: _______Date: _______Date: _______Date: _______Date: _______Date: ________Date: _______Date: ______Date: _______Date: ______Date: ______Date: _______Date: _______Date: ______Date: ______Date: _______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _______Date: _______Date: _______Date: _____Date: _______Date: ______Date: ______Date: ______Date: _______Date: ______Date: ______Date: _______Date: _______Date: _______Date: _______Date: _______Date: ______Date: _______Date: _______Date: ______Date: _______Date: _______Date: ______Date: _______Date: ______Date: _______Date: ______Date: _______Date: ______Date: ______Date: _______Date: ______Date: ______Date: ______Date: _______Date: _______Date: _______Date: _______Date: _______Date: ______Date: _______Date: ______Date: _______Date: _______Date: ______Date: ______Date: _______Date: ______Date: _______Date: ______Date: _______Date: ______Date: _______Date: ______Date: _______Date: ______Date: _______Date: _______Date: _______Date: ______Date: _______Date: ______Date: ______Date: _______Date: ______Date: _______Date: _______Date: ______Date: _______Date: _______Date: ______Date: ______Date: _______Date: ______Date: _______Date: _______Date: ______Date: _______Date: ______Date: _______Date: _______Date: ______Date: ______Date: _______Date: ______Date: ___

(5) CORPORATE GUARANTEE:

The above named Corporation, organized under the law of the State of ______. For good and valuable considerations the receipt of which is hereby acknowledged, does hereby guarantee full payment of any debts incurred by such amounts to be paid in full accordance with the credit terms extended.

By: Date:

I we certify that all the information above is correct, and that we fully understand the credit terms and agree to the proper payment in consideration of extended credit.

Vectra International Inc. reserves the right to assess a service charge of 1.5% (18% per annum) on past due accounts in excess of 30 days. All information above will be held in strictest confidence.

By: _	Title	::	. Date:
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PLEASE EMAIL TO: tim@vectrainternationalinc.com