



Vision for Net Media

WORLD HEADQUARTERS
1288 Kifer Rd., Suite 203
Sunnyvale, CA 94086
Phone: (408) 991-9699
Fax: (408) 991-9691

Credit Term Authorization Application

Company Name _____

Address _____
Street City State Zip Code

Billing Address _____
Street/P.O. Box City State Zip Code

Tel Number _____ Fax Number _____

In Business Since _____ Type of Business _____

Please indicate: _____ Corporation _____ Individual _____ Sole Proprietorship

State of Incorporation _____ Date of Incorporation _____ Fed I.D.# _____

Dun & Bradstreet# _____

PRINCIPALS

Name _____ Title _____

Address _____ Social Security # _____ - _____ - _____

City _____ State _____ Zip Code _____

Name _____ Title _____

Address _____ Social Security # _____ - _____ - _____

City _____ State _____ Zip Code _____

BANK REFERENCES

Name _____ Tel Number (____) _____

Address _____

Street/P.O.Box _____ City _____ State _____ Zip Code _____

Checking Account# _____ Saving Account# _____

Checking Account# _____ Saving Account# _____

Name of Loan Officer _____

Current loans? _____ Yes _____ No _____ Previous loans > _____ Yes _____ No _____

TRADE REFERENCES

(With at least one year payment experience)

Name of Company _____ Phone _____

Address _____

Street/P.O.Box _____ City _____ State _____ Zip Code _____

Contact Name/ Title _____

Name of Company _____ Phone _____

Address _____

Street/P.O.Box _____ City _____ State _____ Zip Code _____

Contact Name/ Title _____

Name of Company _____ Phone _____

Address _____

Street/P.O.Box _____ City _____ State _____ Zip Code _____

Contact Name/ Title _____

Do you require purchase orders? _____ Yes _____ No

Would you furnish financial statements if requested? _____ Yes _____ No

I hereby authorize AITech International Corporation to verify all bank account and credit account information and references as provided above and herein.

Authorized Signature _____ Date _____

Print Name _____ Title _____