

## CREDIT APPLICATION FORM

This credit application is to be completed (preferably type written) by an authorized individual of the business submitting the application. All applications should be accompanied by company and affiliates latest financial statement.

| Company Information  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
|--|-------------------|--------------------------------|---------|------------------|--|---|----------------|----------------------------------|----------------|-----|---------------|--|
| Legal Business Name Trade Name   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| _  |                   |                                |         |                  |  | • | Reg/DNB#       |                                  |                |     |               |  |
| Date Established/I   | In Business Since |                                |         |                  |  |   |                | Reg/DNB#                         |                |     |               |  |
| Legal Address:   |                   |                                |         | Country          |  |   |                | City/State                       |                |     |               |  |
| Postal/Zip Code  |                   |                                |         | Country          |  |   |                |                                  | City/State     |     |               |  |
| Point of Presence (if different from above)  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Physical Address:  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Postal/Zip Code  |                   | Country                        |         |                  |  |   |                | City/State                       |                |     |               |  |
| Web Address  |                   | Phone                          |         |                  |  |   | Fax            |                                  |                |     |               |  |
| Type of Business   | (Pls. check)      | Corporation Partnership        |         |                  |  |   |                | State-owned                      |                |     |               |  |
| .,,,   | (* 101 011011)    | Proprietorship Others, specify |         |                  |  |   |                |                                  |                |     |               |  |
| Brief Description of Business  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
|  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| # of Employees Do you own your Building Trading under the Laws of (Country Name)   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Principals / Owners / Officers   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Name   |                   | Desig                          | gnation | Nationality E    |  |   | Email Address  |                                  | Phone          |     | Fax           |  |
| 1) 2)  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| 3)   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Parent Company Name  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Parent Company Name Does Parent Company Guarantee Debts? (Y/N)   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Complete Legal Address:  Contact Person Phone Fax Email  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Contact Person Phone Fax Email   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Subsidiaries/Affiliates/Divisions  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| 1) Compan  | y/Division Nam    | e Legal Address                |         |                  |  |   |                | Contact Details                  |                |     |               |  |
| 2)   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| 3)   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Credit amount requested (USD\$) anticipated monthly / semi-monthly / weekly usage  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Annual Sales   |                   | Net Working Capital            |         |                  |  |   |                | _                                |                |     |               |  |
| Year 1   | Year 2            | Year 3                         |         | Year 1 Year 2 Y  |  |   | Year 3         |                                  | Trading Currer | ncy |               |  |
|  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
|  |                   |                                |         |                  |  |   |                | Paid-up Capital / Owner's Equity |                |     |               |  |
| Bank References  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Bank Name& Branch Account No.  |                   |                                |         | Complete Address |  |   |                | Phone/ Email Fa                  |                |     | Fax           |  |
| 1)   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| 2)   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Carrier / Trade References   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Company Name   |                   | Type of Business               |         | City & Country   |  |   | Contact Person |                                  | n & Title Ph   |     | one/Fax/Email |  |
| 1)<br>2)   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| 3)   |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Customer Authorization  I authorize Amantel.com: and its designees to conduct a routine credit check in connection with my application of service. I understand that the information provided will remain the property of Breezecom, whether or not it is approved, and will be held |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |
| Applicant Name   |                   | Designation                    |         | Signature:       |  |   | Date:          |                                  |                |     |               |  |
| Note for Mandatory attachments:  In Case of Company last three years audited financial statements OR In case of an Individual bank statements for the last six months is required  |                   |                                |         |                  |  |   |                |                                  |                |     |               |  |