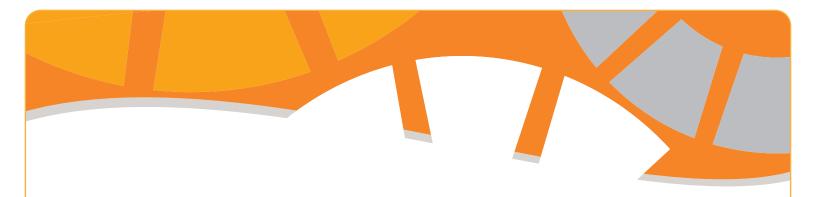


INTERNATIONAL CREDIT APPLICATION

BUSINESS CONTACT INFORMATION					
Company Name		Date Business Commenced	CentricsIT Use Only:		
Company Name		Company Seal/Stamp	Sales Rep:		
Phone			Credit Limit Req'd/Asg'd:		
E-mail			Terms: Date:		
Registered Company Address			Approved By:		
BUSINESS AND CREDIT INFORMATION					
SST/V.A.T/T.V.A/I.V.A#		Bank Name			
How long at current address?		Bank Address			
Number of Employees		Phone			
Annual Sales		Account Number			
E-mail		Type of Account	□Savings □ Checking □ Other		
Financial Statement attached □YES □NO - Explain	In order to obtain credit terms, this credit application must be completed & signed. All information is held in the strictest confidence.	CentricsITMEA accepts Visa, MasterCard, and AMEX if you prefer to proceed with an immediate order.	Thank you for your interest in CentricsITMEA.		
AP Contact	Phone	Email	Invoicing Address		
BUSINESS/TRADE REFERENCES (US PREFERRED)					
Company Name		Phone			
Address		Fax			
City, State Zip Code		E-mail			
Type of Account		Other			
Company Name		Phone			
Address		Fax			
City, State Zip Code		E-mail			
Type of Account		Other			
Company Name		Phone			
Address		Fax			
City, State Zip Code		E-mail			
Type of Account		Other			



TERMS & CONDITIONS

- 1. All invoices are to be paid 30 days from the date of the invoice, unless otherwise indicated in the terms section of said invoice.
- 2. Claims arising from invoices must be made within 10 business/working days.
- 3. By submitting this application, you authorize CentricsITMEA, to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES				
Signature		Signature		
Name and Title		Name and Title		
Date		Date		

Please allow a minimum of three to five business days to process your application.