



CREDIT APPLICATION

Customer Information

Company Name: _____ Trade Name: _____
 Address: _____ Nature of Business: _____
 City: _____ Year Established: _____
 State: _____ ZIP: _____ Point of Contact: (Accts Payable) _____
 Phone No: () _____ Federal Tax ID No: _____
 President/CEO: _____ Parent Company if applicable: _____
 Address: _____
 Type of Company: Proprietorship Partnership Corporation

(Guarantor Credit Information will be required for all corporations in business less than 3 years and all partnerships or proprietorships, regardless of age.)

Bank References

(1) Branch Name & Address: _____
 Bank Officer: _____ Phone No: () _____ Account No: _____
 (2) Branch Name & Address: _____
 Bank Officer: _____ Phone No: () _____ Account No: _____

Carrier/Trade References

(1) Company Name & Address: _____
 Account Number: _____ Contact: _____ Phone No: () _____ Fax No: () _____
 (2) Company Name & Address: _____
 Account Number: _____ Contact: _____ Phone No: () _____ Fax No: () _____
 (3) Company Name & Address: _____
 Account Number: _____ Contact: _____ Phone No: () _____ Fax No: () _____

Customer Authorization

Customer authorizes VoiZar Inc. and its designees to investigate Customer credit worthiness. It is understood that VoiZar will retain this application whether or not it is approved. All information will be held in the strictest confidence..

Signature: _____ Date: _____
 Printed Name: _____ Title: _____

All Applications Must Be Accompanied By Latest Financial Statement

Sales Rep:	Carrier <input type="checkbox"/> Commercial <input type="checkbox"/>	<input type="checkbox"/> W holesale <input type="checkbox"/> Retail
Sales Rep Phone:	VoiZar Authorization Code:	<input type="checkbox"/> Managed Anticipated Monthly Usage: