



New Client & Credit Application

Company/Firm Name _____

Location Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Facsimile (____) _____

Billing Address _____

City _____ State _____ Zip Code _____

Type of Entity: Corporation _____ Partnership _____ Sole Proprietorship _____

State of Organization _____ Date Organized ____/____/____

Federal Tax Identification Number _____ or Social Security Number _____

Type/Nature of Business _____

COMPANY PRINCIPALS - OFFICERS, PARTNERS OR OWNERS

Name _____ **Title** _____ **S.S.#** _____

Home Address _____ Home Telephone Number _____

City _____ State _____ Zip Code _____

E-mail _____

Name _____ **Title** _____ **S.S.#** _____

Home Address _____ Home Telephone Number _____

City _____ State _____ Zip Code _____

E-mail _____

Name _____ **Title** _____ **S.S.#** _____

Home Address _____ Home Telephone Number _____

City _____ State _____ Zip Code _____

E-mail _____

Estimated credit purchase requirements _____

Number of employees _____ Dun & Bradstreet Number _____

Does your company require the use of Purchase Orders? Yes? No?

Person(s) authorized to purchase _____ E-mail _____

Person(s) responsible for payment _____ E-mail _____

BANKING REFERENCE

Bank Name _____ Contact _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number(____) _____ Facsimile Number(____) _____ Account # _____

TRADE REFERENCES

Company _____ Contact _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number(____) _____ Facsimile Number(____) _____ Account # _____

Contacted: _____ Terms: _____ Highest Credit: _____

Company _____ Contact _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number(____) _____ Facsimile Number(____) _____ Account # _____

Contacted: _____ Terms: _____ Highest Credit: _____

Company _____ Contact _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number(____) _____ Facsimile Number(____) _____ Account # _____

Contacted: _____ Terms: _____ Highest Credit: _____

Company _____ Contact _____

Mailing Address _____

City _____ -State _____ Zip Code _____

Telephone Number(____) _____ Facsimile Number(____) _____ Account # _____

Contacted: _____ Terms: _____ Highest Credit: _____

AGREEMENT

The undersigned hereby agrees to receive billing via e-mail and pay VISTA SATELLITE COMMUNICATIONS, INC. all amounts due and owing in accordance with the payment terms on each invoice presented by VISTA SATELLITE COMMUNICATIONS, INC., unless other arrangements are made in writing with either Roy Liemer, President, or Geri Liemer, Vice President, of VISTA. Certain services may be subject to State and/or Federal taxes, fees or surcharges. Some of these charges may not be available at the time of billing and may not be included on the initial invoice. These charges, wherever applicable may be subsequently billed.

The undersigned further agrees that (1) delinquent accounts are subject to a monthly charge of 1-1/2% per month (18% per annum) or the maximum rate allowed by law, whichever is lower, (2) in the event it does not pay an invoice on time, it will reimburse VISTA for all costs of collection, including, but not necessarily limited to, reasonable attorneys' fees, and (3) returned checks will be subject to a charge of \$25, 5% of the face amount of the check or the maximum rate allowed by law, whichever is greater. All service and e-mail information is confidential and will not be shared with any 3rd party.

[Print entity name in full]

By: _____
[Signature of authorized signatory]

[Print name of authorized signatory]

Title: _____

Date: _____



Permission for Credit Information

VISTA Satellite Communications, Inc.
73-104 SW 12th Avenue
Dania Beach, FL 33004

Company Name: _____

Address: _____

City, State, and Zip: _____

Phone Number: _____

We are in the process of establishing credit privileges with **VISTA Satellite Communications, Inc.** This notice gives you authorization to release our credit information in order to establish this credit privilege.

Thank you for your assistance.

Company Name: _____

Authorized Signature: _____

Title: _____