

APPLICATION FOR A CREDIT ACCOUNT

PLEASE ANSWER ALL QUESTIONS (BLOCK CAPITALS PLEASE) AND FAX OR POST TO ISTOREAGE.

1. Full name and trading style:

If subsidiary/part of group of companies, please also state parent company's full name and address

2. Address:

3. Telephone number: _____ Fax number: _____

4. Registered office:

5. Company registration number: _____

6. Nature of business:

7. Date established: _____ Issued Capital: _____

8. Is there a debenture or any other prior charge on the company assets? YES/NO

9. Financial Year End: _____

10. Date of last filed company accounts (please attach): _____

11. Credit limit required (maximum in one month): _____

12. Name and address of bank:

13. Name and addresses of three trade references:

(a) _____

(b) _____

(c) _____

This form must be signed by a Director/Owner of the company or other duly authorized signatory

Full name: _____ Position: _____

Date: _____ Signature: _____

Please attach a copy of your company's letterhead when sending back.

BANK STATUS ENQUIRY

This authority should be completed in BLOCK CAPITALS, signed by
An AUTHORISED SIGNATORY and forwarded by post to IStorage.

Please insert the name and address
of your bank

To the Manager

I/We _____

of _____

**Hereby authorize you to provide bank status enquiries to IStorage Technologies Ltd when required.
This authority shall be ongoing until terminated by me/us in writing.**

You are also instructed to accept a fax or copy of this document if required.

Signed (Authorised signatory only) _____

Print Name

Position

Date