

**ANAPLEX CORPORATION  
CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. All invoices are to be paid within 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize ANAPLEX, CORP. to make inquiries into the banking and business/trade references that you have supplied.
4. I (we) acknowledge and agree that I (we) will pay an interest rate equal to 1.5% per month on all balances remaining beyond 30 days from the dates the balances are incurred.
5. In the vent of default and referral to an attorney or collection agency, I (we) agree to pay all costs of collection including attorneys fees.
6. I (we) understand that the above information is given for the purpose of obtaining credit and certify that to the best of my(our) knowledge, the information provided is complete and accurate as of the date of this application.

**SIGNATURES**

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