



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

| BUSINESS CONTACT INFORMATION | | | |
|--|--|--|----------------------------|
| Title | | Date business commenced | Amount of credit requested |
| Company name | | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other | |
| Phone Fax | | | |
| E-mail | | | |
| Registered company address City, State ZIP Code | | | |

| BUSINESS AND CREDIT INFORMATION | | | |
|---------------------------------|--|--|---|
| City, State ZIP Code | | Bank name: | |
| How long at current address? | | Primary business address City, State ZIP Code | |
| Phone | | Phone | |
| Fax | | Account number | |
| E-mail | | Type of account | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |

| BUSINESS/TRADE REFERENCES | | | |
|---------------------------|---|--------|--|
| 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 | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other | Other | |

AGREEMENT

1. All invoices are to be paid 15 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 Conductor Technologies, Inc. to make inquiries into the banking and business/trade references that you have supplied.

Thank you for your interest in Conductor Technologies! We are based in the United States, which is where we process and store the information we collect from you. By providing your information on this form, you consent to the transfer to and the processing of your information in the United States. We will use the information you provide to facilitate, verify and process your credit application. Please print and retain a copy of this document for your records.

If at any time you wish us to stop such activity, please let us know at accounting@conductorio.com For more information on our privacy practices, please see our Privacy Policy at <https://sites.google.com/a/conductorio.com/documentation/home/policies/privacy-policy>.

| SIGNATURES | | | |
|----------------|--|----------------|--|
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |