

c/o Spaceland Communications, Inc. Box 1896, Burbank CA 91507 310.401.8178

Credit Application

To be completed by the primary signatory and if applicable, by a principal, officer or partner of the company intending to execute the credit arrangement.

| Client Profile |
|---|
| Business Name : |
| Trade Name (if any): |
| Business is : Corporation Sole Proprietorship Partnership |
| ☐ Limited Liability Partnership ☐ Limited Liability Company |
| If Corporation : |
| State of incorporation : |
| Year of incorporation : |
| Type of Business : |
| Street Address: |
| City, State, Zip: |
| Telephone : |
| Fax: |
| Number of Employees : |
| Date Business Established : |
| Web address : |
| General email address: |
| Tax ID : |
| Primary Contact Name : |
| Primary Contact Title : |
| Primary Contact Phone : |
| Primary Contact Email : |

| Office | ers & Principals | | | |
|-------------------|------------------------|---|----|--|
| 1) Nan | ne / Title : | / | | |
| 2) Name / Title : | | / | | |
| 3) Name / Title : | | / | | |
| | | | | |
| Trade | e References | | | |
| 1) | Company Name: | | | |
| | Contact Name & Title : | | | |
| | Full Address : | | | |
| | Phone / Fax : | | _/ | |
| 2) | Company Name: | | | |
| | Contact Name & Title : | | / | |
| | Full Address : | | | |
| | Phone / Fax : | | _/ | |
| 3) | Company Name: | | | |
| | Contact Name & Title : | | _/ | |
| | Full Address : | | | |
| | Phone / Fax : | | | |
| | | | | |
| Bank Information | | | | |
| | Name : | | | |

Bank Information Name : Street Address : City, State, Zip : Phone : Contact Name :

Account Number : _____

Verification / Authorization

I certify that all information on this statement and any attachments hereto represents the current and continuing financial condition of the Company named on Page 1 hereof, in a *true, accurate and complete manner* to the best of my knowledge and belief. Furthermore, I authorize Spaceland Communications and/or it's officers to investigate any and all sources of credit information and to seek information from credit bureaus an agencies.

| Date : |
|-------------|
| |
| Full Name : |
| |
| Signature : |

Please mail or email completed information to:

PostSpots

c/o Spaceland Communications, Inc. Box 1896 Burbank, CA 91506

info@spaceland.com