

# Credit Application and Product and Services Agreement

Complete all sections that apply. Return to Latitude when complete.  
(Required only for new Latitude Customers)

## Type of Applicant

## Business Structure

In Business Since:

## Applicant Information

Full Legal Name:

Operating as:

Duns Number:

Tax ID Number or Exemption Certificate (attach copy):

Department (if applicable):

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone Number:

Fax Number:

Company Email:

Website:

Parent Company Name and Location (if applicable):

Accounts Payable Contact:

Accounts Payable Email Address:

Phone Number:

Fax Number:

Invoices Mailed to:

City:

State/Province:

Zip/Postal Code:

Country:

Please note invoices will be emailed unless otherwise specified

## Senior Officers:

Name:

Position:

Phone Number:

President

Vice-President

Chief Financial Officer

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## Industry Credit References

Firm Name and Address:	Contact:	Telephone Number:	Fax Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Applicant Credit Card Information

Company Credit Card                       Individual Credit Card

Type of Credit Card                       Visa                       MasterCard

Credit Card Number: \_\_\_\_\_                      Expiry (mm/yy): \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_                      Card Holders Signature: \_\_\_\_\_

North American Customer Only                       Please charge my monthly airtime to my credit card                       Please charge my credit card for hardware purchases

**All customers out of North America must provide credit card details in order to receive airtime service, credit card will be used for monthly charges. All hardware shipments must receive payment before shipping**

## Credit Terms

**North American Customers can apply for 30-day terms, all international customer must pay upon receipt**

Monthly Credit Desired: \_\_\_\_\_

Include Special Invoicing Instructions: \_\_\_\_\_

**Vertical Market:**

## Confirmation of Information Accuracy and Release of Authority to Verify

In my individual capacity, or on behalf of the entity I represent, I hereby certify that the information in this application is correct. Further I agree that a facsimile copy hereof will be valid and binding for all purposes. In order to assist Latitude in establishing a line of credit, I authorize the References listed to release information requested by Latitude. I understand that Latitude's acceptance of this application is contingent upon Latitude's satisfaction with my credit review, and that Latitude may terminate service without notice within (30) days of this application if Latitude is not satisfied with my credit. I agree to abide by Latitude's terms, conditions and pricing (each as amended by Latitude from time to time) applicable at the time of provision for the services and/or equipment.

Authorised Name: \_\_\_\_\_                      Position: \_\_\_\_\_                      Date: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

**Please return completed for to: Latitude Technologies Corporation**  
**101-3375 Whittier Ave, Victoria, British Columbia V8Z 3R1, CANADA**  
**Fax: 1-250-475-0204**  
**Ph: 1-250-475-0203 Toll-free: 1-888-966-5599**