

CREDIT APPLICATION FORM

(Please type or print only)

USA: CEIBO INC.
Fax: 972-9680800

Europe:

CEIBO Deutschland.
Fax: +49-8221-206167

Company Name _____	Billing Instructions _____
Address _____	_____
City & Zip Code _____	Current Gross Sales _____
Country _____	Current Net Worth _____
Tel _____	Years in Business _____
Fax _____	No. of Employees _____

Brief Explanation of Business _____

Authorized Buyers _____

TERMS OF SALE

- 1. Our standard terms are Net 30 Days. Failure to adhere to our terms may result in a shipping hold on future orders. The net due date is calculated from the date of the invoice.**
- 2. Should Applicant default in the payment of the outstanding account for monies that are deemed legitimately owed, then Ceibo shall be entitled to incur expenses for the cost of collection and reasonable attorney's fees, which amount shall be added to the unpaid balance of Applicant's account and shall be due and owing from Applicant to Ceibo.**

I hereby certify that the information set forth here, together with all other information submitted in connection with this application is true and correct, I understand that Ceibo will rely on this information in extending credit to me. I have read and understand the Terms of Sale and agree that such terms apply to all transactions with Ceibo.

Signature _____
Title _____ Date _____

BANKING

Name _____ Address _____
Account Number _____ Officer To Contact _____

TRADE REFERENCES

Company Name _____	Tel _____
Address _____	Fax _____
City & Zip Code _____	Contact Person _____
Country _____	

Company Name _____	Tel _____
Address _____	Fax _____
City & Zip Code _____	Contact Person _____
Country _____	

Company Name _____	Tel _____
Address _____	Fax _____
City & Zip Code _____	Contact Person _____
Country _____	