



CREDIT APPLICATION

INTERNAL USE ONLY

| | |
|---------------------------------|---|
| Onyx Individual ID | Onyx Company ID |
| Account Executive Name | Linked <input type="checkbox"/> BOBO <input type="checkbox"/> |
| Application Log Date | Application Log Time |
| Application Finish Date | Application Finish Time |
| PKA <input type="checkbox"/> | Pending Order (\$) |

Note: Processing may take up to 2 business days

Please fax your signed application to: (206) 373-6100

1. Applicant Information

Amount of Credit Requested : Select Currency Select Amount

| | | | | | |
|--|---|---|---------------------------|---------------------|-----------------|
| Full Legal Name/Business Entity | | | Phone # | | Fax # |
| Doing Business As (DBA) | Street Address | City | State | Zip | Country |
| Billing Address | City | State | Zip | Country | Billing Contact |
| Type of Business Select Type | Do you require Purchase Order - #'s? Yes | | If Yes, what is required? | | |
| Company Type <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other: | | | | | |
| No. of Employees | Year Business Established | Annual Sales | | Website | |
| Federal Tax ID (If in U.S.A.) | | State of Incorporation (If outside the U.S.A, the Country). | | E-Mail Address(es): | |
| VAT Registration Number (If outside U.S.A.) | | Currency (If outside U.S.A.) | | | |

2. Owner Information

| | | | | |
|--------------------------------------|------|-------|-------------------|---------|
| Full Name (including middle initial) | | Title | Social Security # | Phone # |
| Home Address | City | State | Zip | Country |

3. Bank References

| | | | | |
|-----------|----------------|---------|---------|---------|
| Bank Name | Account Number | Contact | Phone # | Fax # |
| Address | City | State | Zip | Country |

4. Trade Credit References (no credit cards, please)

| | | | | |
|--------------|---------|---------|-------|---------|
| Company Name | Contact | Phone # | Fax # | |
| Address | City | State | Zip | Country |
| Company Name | Contact | Phone # | Fax # | |
| Address | City | State | Zip | Country |

5. Corbis Information

| | |
|---|--|
| Do you presently have credit terms with any of these Corbis Entities? | |
| Corbis Stock Market <input type="checkbox"/> | Corbis Outline <input type="checkbox"/> Corbis Sygma <input type="checkbox"/> Corbis Saba <input type="checkbox"/> Corbis Traditionally Licensed <input type="checkbox"/> Corbis Royalty Free <input type="checkbox"/> Account # _____ |

THIS IS AN APPLICATION FOR CREDIT. I agree that Corbis retains the sole discretion over all decisions with respect to the extension or continuation of credit, and nothing in this Credit Application constitutes a guarantee that Corbis will provide credit, services, or any products or licenses to the applicant. By submitting this Credit Application, I certify that (a) I am authorized to sign and submit this Credit Application and all information provided in the application is true, accurate and complete; (b) I am the owner, principal, officer or authorized agent of the applicant listed on this application; (c) this application is submitted to Corbis Corporation for business or commercial purposes; (d) the applicant expressly authorizes Corbis Corporation or its affiliates to obtain credit reports (including but not limited to bank references, trade credit references, consumer and/or commercial credit reports) on the applicant from any source, including credit bureau reporting agencies, for use in evaluating this application. I understand that Corbis Corporation may report the payment history of the applicant to credit reporting agencies.

By use of a credit account with Corbis, the applicant accepts the then-current Terms & Conditions of any Corbis Content Delivery Agreement or License Agreement included with any invoice, and Corbis' terms shall not be amended or superceded by any terms and conditions or purchase order that the applicant may provide even if Corbis signs such purchase order. The applicant agrees to pay a monthly finance charge of the maximum applicable rate on all past due balances, and all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. Please retain a copy of this application for your records. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please call Corporate Credit Manager 206-373-6286 or write 710 Second Avenue, Suite 200 Seattle, WA 98104, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Acknowledged and Accepted by:

Authorized Signature: _____

Title: _____

Date: _____

Printed Name: _____

REVISED 1/2003





BUY ON BEHALF OF AGREEMENT

The endorsing purchaser(s) designated below are authorized to determine which individuals may purchase on behalf of the applicant (Company Only), and shall provide written notification to CORBIS of those individuals which are authorized to act as authorized purchaser(s) on the applicant's credit account. The applicant is responsible for notifying its purchasers of the terms and conditions of the credit account. Any changes to individuals listed (additions or deletions) must be made in writing to CORBIS. Changes are effective the date CORBIS receives written notification.

Please fax this sheet along with your signed application to our Credit Department: 206- 373 -6100

AUTHORIZED PURCHASER(S)

| <u>New</u> | <u>Change</u> | <u>Delete</u> | <u>Purchaser Name</u> | <u>Title</u> | <u>Email Address</u> | <u>Direct Phone</u> |
|--------------------------|--------------------------|--------------------------|-----------------------|--------------|----------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |

ENDORISING PURCHASER(S) authorized to determine who may purchase on the **APPLICANT'S** credit account.

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

APPLICANT INVOICEE NAME _____
APPLICANT INVOICEE ADDRESS _____

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