

CUSTOMER INFORMATION					
COMPANY LEGAL NAME / BUSINESS ENTITY OF APPLICANT			DBA		
PHYSICAL ADDRESS			CITY	STATE	POSTAL CODE
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE	POSTAL CODE
PARENT COMPANY	COMPANY E-MAIL ADDRESS		PO'S REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TAXABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TELEPHONE	WEBSITE ADDRESS		IF YES, WHAT IS REQUIRED?	(IF NO, SUPPLY COPY OF RESALE/ EXEMPTION CERTIFICATE - MUST BE SUBMITTED WITH CREDIT APPLICATION)	
FAX	BUSINESS TYPE - IF OTHER, EXPLAIN <input type="checkbox"/> OTHER				
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> GOVT				
FEDERAL TAX ID # (IF IN USA)	YEARS IN BUSINESS	YEARS AT LOCATION	NO. OF EMPLOYEES	DUN & BRADSTREET #	
STATE OF INCORPORATION	TYPE OF BUSINESS Select Type		ANNUAL SALES \$	ANTICIPATED SALES \$	
A/P CONTACT PERSON		A/P TELEPHONE	BANKRUPTCY FILED? (IF W/IN LAST 7 YEARS)	EXISTING CORBIS CUSTOMER?	
A/P CONTACT E-MAIL ADDRESS		A/P FAX	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OWNER(S) / PARTNER(S) INFORMATION					
FULL NAME (INCLUDING MIDDLE INITIAL)			BUSINESS TITLE		
HOME ADDRESS			CITY	STATE	POSTAL CODE
SOCIAL SECURITY # (IF IN USA)	YRS CURRENT PRINCIPALS	TELEPHONE	FAX	EMAIL ADDRESS	
BANK REFERENCE					
BANK NAME & BRANCH			ACCOUNT #	ACCOUNT TYPE	
ADDRESS			CITY	STATE	POSTAL CODE
CONTACT	TELEPHONE	FAX	OPEN SINCE?	OPEN LINE OF CREDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE REFERENCES					
COMPANY NAME	CONTACT	TELEPHONE	FAX	ACCOUNT #	CITY, ST
1)					
2)					
3)					
AGREEMENT					
<p><b>THIS IS AN APPLICATION FOR CREDIT.</b> I, the undersigned, for and on behalf of the above-named applicant, 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.</p> <p>By use of a credit account with Corbis, the applicant accepts the then-current Terms &amp; Conditions of any Corbis Content Delivery Agreement or License Agreement included with any invoice, and Corbis' terms shall not be amended or super-ceded 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 206-373-6456 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, DC 20580. A copy of this authorization transmitted by telefacsimile (fax) or electronic mail (email) or by other electronic means shall be valid as the original.</p>					

**Undersigned acknowledges and accepts the above Agreement and certifies that he/she is authorized by the applicant to enter into this Agreement for the purpose of establishing credit terms with Corbis Corporation:**

Authorized Rep. Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



## 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.

[Fax this sheet along with your signed application to our Credit Department: 206-373-6100](#)

### AUTHORIZED PURCHASER(S)

New	Change	Delete	Purchaser Name	Title	Email Address	Direct Ph #
<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"/>				
<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"/>				

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

Name	Title	Date

**APPLICANT INVOICEE NAME:**

**APPLICANT INVOICEE ADDRESS:**

Address 1  
Address 2  
Address 3  
City

State      Postal Code

