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 istockphoto.com

CREDIT APPLICATION

iStock member name: _____

Company Name: _____ **Contact Name:** _____

Telephone #: _____ **Fax #:** _____ **Email:** _____

Billing Address: _____

City/State/Zip: _____

Accts. Payable Contact: _____ **Direct Phone #:** _____

Accts. Payable Email: *(address to which invoices will be emailed)* _____

Business Profile: Corporation Sole Proprietorship Partnership

Date business was established: _____ **# of Employees:** _____

Type of business: _____

Has Applicant or any of its Owners ever filed a petition of bankruptcy? **Y** **N**

Sales last year: \$ _____ **Estimate this year:** \$ _____ **No. of locations:** _____

If business is a Sole Proprietorship or Partnership, please fill in the following information for Principals:

Name:	_____	Title:	_____
Home Address:	_____	Home Phone #:	_____

Name:	_____	Title:	_____
Home Address:	_____	Home Phone #:	_____

We authorize iStock International Inc to contact the accounts listed below for credit information.(initials) _____

Bank Reference:

Bank Name	Officer Name	Phone #	Fax #
Account #	Line of Credit balance	Loan type	Balance
	\$ _____		\$ _____

Trade References: (please list highest dollar volume references)

Company Name	Contact Person	Fax number (Required)	Telephone number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Terms and Conditions

Payment in full is due within thirty days of the invoice date. Invoices and statements will be sent by **email only** to the Accounts Payable contact listed above. Additional credit may be denied to accounts whose balances are not paid within 30 days, either temporarily or permanently. iStock International Inc. reserves the right to charge interest at a rate of 1.5% per month on all balances not paid within the above stated terms. All accounts not paid within 90 days will be remanded to a collection agency or attorney for further action and you will be responsible for paying any collection costs and legal fees. All invoices must be paid in US dollars.

I certify that all information on this form is correct and that I authorize iStock International Inc. to check any and all credit as deemed necessary.

Signature: _____ Title: _____ Date: _____
 Authorized Representative Phone Number: _____

Please return this application to Client Relations: Fax 403-398-6815