

CUSTOMER PROFILE

Sales Person: _____

PLEASE ANSWER ALL QUESTIONS

Customer Name: _____ Phone: (____) _____ Fax (____) _____

Address: _____ City _____ State _____ Zip Code: _____

E-Mail: _____ Website: _____

Type of Business: _____ Federal I.D. #: _____

Date of business registration: _____ Other business names (if any) _____

If business in California, Seller's Permit No.: _____ and provide a copy of it.

President / owner's name: _____ Purchasing name: _____

Financial

Bank Name: _____ Account No. _____

Bank Address: _____ City _____ State _____ Zip Code _____

Bank Telephone No.: _____ Fax No.: _____ Contact: _____

Trade Reference

1. Company: _____ Contact Person: _____

Address: _____ Phone No.: _____ FAX: _____

2. Company: _____ Contact Person: _____

Address: _____ Phone No.: _____ FAX: _____

3. Company: _____ Contact Person: _____

Address: _____ Phone No.: _____ FAX: _____

4. Company: _____ Contact Person: _____

Address: _____ Phone No.: _____ FAX: _____

5. Company: _____ Contact Person: _____

Address: _____ Phone No.: _____ FAX: _____

6. Company: _____ Contact Person: _____

Address: _____ Phone No.: _____ FAX: _____

I authorize OvisLink Technologies Corp. to obtain such factual & investigative information regarding us from others as permitted by law. To furnish to her consumer credit grantors & credit bureaus particulars of the credit application and subsequent credit experience if application and to retain this application for the records of OvisLink Technologies Corp.

Signature: _____ Date: _____

Print name: _____ Title: _____