

CREDIT APPLICATION

Business Name: _____ Phone #: _____
 Local Office Phone #: _____ Facsimile #: _____
 Tax ID: _____ DUNS #: _____
 Billing Address: _____
 City/State/Zip: _____
 Date Local Office Opened: _____ Years in Business: _____
 Net worth of company: \$0-\$500,000 \$500,000-\$3,000,000 \$3,000,000+
 Business type: Corporation Partnership Proprietor Franchise Other: _____
 Parent Company Address: _____
 Date Registered with Secretary of State: _____
 Registration # (attach copy of broker's license): _____
 Credit Limit Requested: _____

For Accounting Use ONLY Credit Limit Approved: \$	Approved By:	Date:
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Please charge my credit card:

Credit Card Type: **Visa / MasterCard / Discover / American Express**

Credit Card #: _____

AMEX - located on front of card to the right side of the card above last sequence of numbers
 VISA/MC - located on back of the card in the signature space (last 3 digits)

Security Code #: _____

Expiration Date: _____

Signature: _____

Shareholder/Corporate Officer Data

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>

<u>Trade References</u>	<u>Account Number</u>	<u>Address</u>	<u>Phone</u>

<u>Bank References</u>	<u>Account Number</u>	<u>Address</u>	<u>Phone</u>

The above information is given for the purpose of obtaining an account and is warranted to be true. I agree to advise Bankrate, Inc. ("Bankrate") in writing of any changes in the information given on this credit application. I hereby authorize Bankrate or any credit bureau or other investigative agency selected by Bankrate to investigate the banking and trade/media references listed herein. I acknowledge that if the applicant is a proprietorship, partnership or closely held corporation, Bankrate has a legitimate business need to investigate the credit history and financial responsibility of the individual owner(s), partners or officers. I hereby authorize Bankrate to conduct such an investigation and authorize and instruct any person or consumer reporting agency to make inquiries, to compile information and to disseminate to Bankrate any information obtained as a result of such inquiries. Upon credit approval, I agree to pay all bills upon receipt of invoice/statement or as otherwise expressly agreed. Should it become necessary to institute collection proceedings, I agree to pay all costs, including reasonable attorney's fees whether or not suit is filed. All matters will be governed by the laws of the State of Florida.

Signature

Date

Printed Name (must be an authorized employee or principal)

Title