

## Financial Services • Foreign Exchange Payments Risk Management Tools • Euro Trade Financing

Corporate - Customer Application		
Client Information		
Company Name:	Tax ID:	
Address:		
City:		Zip Code:
Telephone:		Fax:
Email:	Con	npany Website:
Commercial Activity:		
Name and Position of person(s) authorized to close deals with InterCredit, Inc.		
	-	
Name:		Email: Email:
Name.	1 031(1011:	Liligii
Bank References		
Bank Name :		Account Rep.:
Address:		
City:	State:	Zip Code:
		Email:
Trade/Commercial Reference		
Company Name:		
		_ Dept.:
Address:		
		Zip Code:
Telephone: Fax:		
Email: Company Website:		
Commercial Activity:		
Documents Paguired (conics)		Is any owner or director, a member of his or her
Documents Required (copies)		•
Articles of Incorporation with modification (if any) Identity of Shareholders/ members of Board of Directors		immediate family or a business associate a senior
Officers and/or authorized individuals that can enter into		
transactions on behalf of the Company		
Passport and/or photo ID with signature of authorized No		
individual		
Name or classification of documentation requested is submit applicable equivalent/con		Yes
We, hereby authorize InterCredit, Inc. to contact the person(s)		
	to verify information s	submitted regarding this Application. I declare that the
		ized by the Company submitting this application and the
information contained herein is t		
information contained herein is t	rue to the best of my kin	Jwiedge.
Name	Position	
Signature	Daccnort	/Driver License number
Jibilatai c	ι ασσροιτ	The Ecclide Hullider
Date		