



Channel Partner Credit Form

Company Name		
Telephone	Fax	Website Address
Billing Address		
Please check one: Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/>		
Federal Tax ID Number	Date Business Started	State of Inc.
VAT / State Resale Number		Issuing Agency
Funded By Venture Capital Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what firm(s)		
Credit Limit Requested		

Accounting Contacts

Accts Payable	Title
Email	Telephone
Controller	Title
Email	Telephone

Banking References

Name of Bank/Branch	Account Number	Phone
Contact Name	Email	Fax
Name of Bank/Branch	Account Number	Phone
Contact Name	Email	Fax

Trade References

1. Credit Reference	Contact	Acct No.
Email	Telephone	Fax
2. Credit Reference	Contact	Acct No.
Email	Telephone	Fax
3. Credit Reference	Contact	Acct No.
Email	Telephone	Fax

Channel Partner certifies that all above information is true and correct and authorizes Level 5 Networks to contact references listed above and investigate credit worthiness of Channel Partner. Level 5 Networks reserves the right to request additional information prior to making a credit decision. Any credit extended by Level 5 Networks is for business and commercial purposes only and not for personal, family or household purposes.

By: _____

Date _____

Print Name _____