



SUBSCRIBER APPLICATION

BUSINESS INFORMATION

Company Name: _____

Street: _____ City: _____

State / Providence: _____ Country: _____ Zip / Postal Code: _____

Primary User Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Additional User Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Additional User Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Billing Contact Name: _____

Phone: _____ Email: _____

Billing Address: _____

Billing Address: _____

Billing PO #: _____

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FINANCIAL INFORMATION

A Dun and Bradstreet Report will be run on your company to determine credit authorization.
If you don't have a D&B listing, please provide the following:

Bank Information

Bank Name: _____

Physical Address: _____

Phone #: _____ Account #: _____

Trade Information (Please include 2 business references who can verify payment history)

1) Company Name: _____ Account #: _____

Physical Address: _____

2) Company Name: _____ Account #: _____

Physical Address: _____

Business Type: Corporation Partnership Sole Proprietor

Credit Card Backup Payment:

Name as it appears on Credit Card: _____

Street: _____ City: _____

State / Providence: _____ Country: _____ Zip / Postal Code: _____

Account Number: _____ Expiry Date: _____

Credit Card type: Master Card VISA American Express

Subscriber of this Application hereby authorizes PreTrax, Inc. to:

- 1) Verify and check all information and references on this Application; and
- 2) To charge the above referenced credit card for unpaid invoices over 45 days past due.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____