

Getgo Messenger Service, Inc.

Phone #: 718-326-3818/212-579-3536

Fax #: 718-560-3091

CREDIT APPLICATION

Please complete and sign this credit application in full to be considered for open account status. If the information supplied is incomplete or found to be incorrect this may delay processing of the application and could affect prompt delivery of products or services.

*I (We) submit the following information in applying for an open account:

BUSINESS NAME _____ TYPE OF BUSINESS _____
ADDRESS _____ YEARS IN BUSINESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____
ACCOUNTS PAYABLE CONTACT _____

SHIPPING ADDRESS _____
PHONE NUMBER _____
EMAIL _____

COMPLETE APPLICABLE SECTION: INDIVIDUAL PARTNERSHIP CORPORATION SUBSIDIARY
OF _____

BANK NAME _____ CHECKING ACCOUNT # _____
ADDRESS _____ SAVINGS ACCOUNT # _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

REFERENCES

COMPANY _____
ADDRESS _____ CITY _____ ZIP _____ TEL# _____
COMPANY _____
ADDRESS _____ CITY _____ ZIP _____ TEL# _____
COMPANY _____
ADDRESS _____ CITY _____ ZIP _____ TEL# _____

If representation made by the buyer in this credit application are subsequently found incorrect or incomplete, the right is reserved to reject the application and to negate any obligation to proceed with any merchandise. (1) Buyer recognizes Sellers term as Net 10th prox and acknowledges and authorizes a service charge of 1 1/2% per month (18% annual) on any past due amounts. (2) Seller shall have the right to (a) declare the entire amount due and payable if default occurs in making any payment when due (b) in the event of default customer agrees to pay attorney and/or collection agency fees not exceeding 25% (c) to change the terms of the account from time to time (consistent with applicable law) to be effective not less than 30 days after given written notice (d) to limit the amount of credit extended under this account or terminate the account, upon giving written notice thereof: but it may avail itself of the terms of this agreement until full payment of the entire balance with finance charge to date of payment has been received. (3) In submitting this application for credit, I authorize you to investigate my credit record.

I certify that the above information is correct and agree to the above shown.

Signature of owner/Partner or Officer Date _____

Authorized signature other than above Date _____