

CARRIOX CAPITAL INC.

CREDIT APPLICATION

1. Customer Details *(Entity that concludes the network agreements)*

1.1 Full Legal Name: _____

1.2 Country of establishment: _____

1.3 Company Registration Number: _____

1.4 VAT Registration Number: _____

1.5 Registered Address: _____

1.6 Operating Address (if different from above): _____

1.7 Telephone Number: _____

1.8 Fax Number: _____

1.9 Details of group auditors, partner name and contact details: _____

1.10 Banking details:

1.10.1 Name of banking institutions utilized: _____

1.10.2 Branch names: _____

1.10.3 Date of account opening: _____

1.10.4 Value of overdraft and loan facilities available from financial institutions: _____

1.10.5 Value of overdraft and loan facilities actually utilized: _____

1.10.6 Details of security held by finance institutions: _____

1.10.7 Name of Banker and contact details: _____

1.11 Details of third party loans obtained, debt, guarantees or any other obligation constituting indebtedness in each of the group companies: _____

1.12 List of all sureties, cession of debtors, notarial bonds, factoring and judgments in each of the group companies: _____

1.13 List of all liquidation and sequestration actions brought against any of the group companies and/or the shareholders of the Customer: _____

1.14 Have moratoriums or offers of compromise ever been made to any of the creditors of the companies within the group? If so, please provide details: _____

1.15 Is there any pending litigation, arbitration, or administrative proceedings against the Customer or any of the companies in the group? If so, please provide details: _____

1.16 Are all required licenses obtained and complied with? Copies of all such licenses required: _____

1.17 Details of all companies in the group (subsidiaries, holding companies and subsidiaries of the holding companies):

No.	Full Name	Registration Number	VAT Number	Country of Incorporation	Registered Address	Physical Address
1						
2						
3						
4						
5						

1.18 Names of Directors of the Company

No.	Full Name	Registration Number	VAT Number	Country of Incorporation	Registered Address	Physical Address
1						
2						
3						
4						
5						

By signing above shareholder's consent to performance of credit/reference check

1.19 Names of Directors of the Company

No.	Full Name	Place where Passport was issued	Passport Number	Signature
1				
2				
3				
4				
5				

1.20 Names of Shareholders of the Company

No.	Full Name	Place Where Passport was issued	Passport Number	Signature
1				
2				
3				
4				
5				

By signing above shareholder's consent to performance of credit/reference check

Checklist of required Customer information	Yes	No
<ul style="list-style-type: none"> • Certificate of Incorporation 		
<ul style="list-style-type: none"> • Certificate of Change of Name (if any) 		
<ul style="list-style-type: none"> • Copy of most current Articles and Memorandum of Association 		
<ul style="list-style-type: none"> • Copy of last set of Audited Financial Statements for the Customer and the Group 		
<ul style="list-style-type: none"> • Copy of VAT Certificate 		
<ul style="list-style-type: none"> • Brief history of company and its activities 		
<ul style="list-style-type: none"> • Key Director CVs 		
<ul style="list-style-type: none"> • Copy of Network Diagram 		
<ul style="list-style-type: none"> • Details of Switch / Name of switching platform 		
<ul style="list-style-type: none"> • Letters of reference from two customers/suppliers 		

2. ORIGINATING CARRIER DETAILS

2.1 Originating Carrier details (Carriers in respect of whose invoices are to be purchased by Carriox Capital):

No.	Full Name	Registration Number	VAT Number	Physical Address	Postal Address	Telephone Number
1						
2						
3						
4						
5						

2.2 Traffic and payment details (correspond to numbers in table above):

No.	Billing Cycle	Payment Terms	Credit Limits (if applicable)
1	_____ Days	_____ Days	\$ _____
2	_____ Days	_____ Days	\$ _____
3	_____ Days	_____ Days	\$ _____
4	_____ Days	_____ Days	\$ _____
5	_____ Days	_____ Days	\$ _____

Checklist of required Originating Carrier information	Yes	No
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Copy of most current interconnect agreement with Originating Carrier
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3. TERMINATING CARRIER DETAILS

(details of the Carriers where the traffic of the Originating Carriers described in point 2 above, is terminated)

No.	Full Name	Registration Number	Territory	Email Address
1				
2				
3				
4				
5				

4. CARRIER/TRADE REFERENCES

No.	Company Name	Contact Person and Title	Telephone	Email Address
1				
2				
3				
4				
5				

Signature:

Name: _____

Date: _____

Title: _____

Duly Authorized

I confirm that I am duly authorized to consent to a credit check for myself, individuals listed and all of the companies within the group.