

CREDIT APPLICATION
 Please return to: Accounts Department
 4814 W. Commercial Blvd.
 Tamarac, FL 33319
 Or Fax to: +1.954.739.7173



PLEASE PRINT CLEARLY & COMPLETE ALL SECTIONS THAT APPLY

SECTION A: TYPE OF SUBSCRIBER

- Personal (Complete sections B, D & E) Dealer (Complete section C)
 Corporation (Complete sections B, C & E) Distributor (Complete section C)
 Government Agency (Complete sections B & E) Charitable/Non-profit (Complete sections B, C & E)

SECTION B: SERVICE REQUIRED

- Iridium Inmarsat A Inmarsat B Inmarsat C Inmarsat M Mini M*
 Inmarsat M4 Globalstar Marinesat/Landsat Other

Credit Line Desired \$ _____

*Inmarsat Mini M service is for a contract period of twelve months.

SECTION C: CORPORATE INFORMATION

Full legal name: _____
 Operating as (trade style): _____
 Duns number (if known): _____ Tax ID number (If applicable): _____
 Department (if applicable): _____
 Accounts payable contact: _____ Ext: _____
 Invoices mailed to: _____
 Physical address (if different from mailing): _____
 City: _____ State/Province: _____
 Country: _____ Zip/Postal code: _____
 Country & city codes & telephone #: _____ Fax: _____
 Company email address: _____ Web site: _____

Senior Officers (responsible for business transactions):

Name	Title	Telephone
	President	
	Vice President	
	Chief Financial Officer/Treasurer	

Bank References (primary bank your company does business with):

Bank Name: _____ Street address: _____
 Location: _____ Contact person: _____
 Fax #: _____ Branch #: _____ ABA / Transit# / Account #: _____

Business Structure:

- Limited Liability Partnership Proprietorship Joint Venture Since:
 Division / Subsidiary. Please provide parent company name and address:

Industry Credit References:			
Firm Name & Address	Contact	Area Code & Tel. #	Area Code & Fax #

SECTION D: PERSONAL ACCOUNT INFORMATION

User Name: _____ Date of Birth: _____ (dd/mm/yy)
 Social Security or Social Insurance #: _____
 Mother's maiden name (for security purposes): _____
 Full Mailing address: _____
 Home address (if different from mailing): _____
 City: _____ State/Province: _____
 Country: _____ Zip/Postal Code: _____
 Home area code & tel. #: _____ Fax #: _____
 Cellular # (optional): _____ Email address: _____
 Name of employer: _____
 Position: _____ Years/Months there: _____
 Business area code and tel #: _____ Ext.: _____

SECTION E: CORPORATE OR PERSONAL CREDIT CARD INFORMATION

Credit card information required for all accounts, to be used for guarantee purposes.

Company Credit Card Personal Credit Card

Type of credit card: Visa Master Card American Express

Do you want your monthly billing to be conveniently charged to your credit card? **Yes / No** (circle yes or no)

Credit card #: _____ Expiration Date: _____ (mm/yy)
 Alternate Credit Card #: _____ Expiration Date: _____ (mm/yy)
 Name on card: _____ Name on alternate card: _____

I hereby authorize the use of my credit card(s) for the above mentioned purposes:

Cardholder signature(s): _____ / _____

Confirmation of information accuracy and release of authority to verify:

In my individual capacity and/or on behalf of the entity that I represent, I hereby certify that the information in this credit application is correct. Further, I hereby authorize the bank and the industry references listed in this credit application to release the information necessary to assist Crystal Communications in establishing a line of credit. I understand and agree that a facsimile copy of this application shall be valid and binding for all purposes. In addition, I recognize that the services that I requested in Section B above shall be provided by Crystal Communications pursuant to Crystal Communications' commercial terms and I agree to abide with and be bound by the then current terms and conditions.

Authorized name (please print): Agent Name, if applicable (please print)	Authorized Signature: Agent Signature:	Date (dd/mm/yy):
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For CCI Internal Use only:

Account Manager: _____ Date: _____ Account # assigned: _____
 Credit Approval: _____ Date: _____ Established credit line: _____