

**INTERNET SECURITY SYSTEMS INC.
P.O. BOX 438
112 SPRUCE ST.
CEDARHURST, NY 11516**



**INTERNET SECURITY SYSTEMS INC.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

PLEASE COMPLETE ALL FIELDS

BUSINESS CONTACT INFORMATION

Company name:		
Contact Person:		Title:
Phone:	Fax:	E-mail:
Registered company address:		
City:	State:	ZIP Code:
Date business commenced:		<u>DUNS Number:</u>
Sole proprietorship:	Partnership:	Corporation:
		Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank name:		Contact Person:
Bank address:		Phone:
City:	State:	ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

For fastest Credit Approval: Please inform the contact person(s) at your bank and above trade references that we will be contacting them shortly with a credit inquiry.

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Internet Security Systems Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date:

**Please Fax this completed form, signed and dated, to
Internet Security Systems Inc. at
212-202-3763
ATTN: Credit Department**

Please be advised that the prices listed on our website are based on pre-paid purchases. Orders that are paid for using NET 30 credit terms typically cost 7% more than those prices listed online.