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BUSINESS NAME CREDIT APPLICATION TELEPHONE ADDRESS (STREET) (CITY) (STATE) (COUNTY) (ZIP CODE) TYPE OF BUSINESS (AGE OF BUSINESS) FED. TAX NO. years BUSINESS STRUCTURE

CORPORATION______ LLC____ OTHER _____ OWNERSHIP PRINCIPAL'S NAME TITLE % OWNERSHIP HOME PHONE SOC. SEC. NO.

PRINCIPAL'S NAME	TITLE	% OWNERSHIP	NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)	(CITY)	(STATE) (ZIP CODE)	OWN RENT	DRIVER'S LIC. NO.
DD TO LOTTO A T AG A LA A CE	mrmr r	o/ OHDIEDGIID	HOME DHOME	COC CEC NO
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.

BANK REFERENCES

BANK	ADD	RESS (STREET)	(CITY)	(STATE)	TELEPHONE
ACCOUNT UNDER NA	ME.	CHECKING ACCT. NO.		ORIGINAL	BALANCE
OF					
BANK	ADD	RESS (STREET)	(CITY)	(STATE)	TELEPHONE
ACCOUNT UNDER NA	ME	CHECKING ACCT. NO.		ORIGINAL	BALANCE
OF					

TRADE REFERENCES (Non-Gas, Non-Utility References)

COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON
COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON
COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

The applicant certifies to North American Satellite Corporation that it is applying for credit for business purposes, and not for personal, family or home use. Furthermore, by signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to North American Satellite Corporation or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. Furthermore, this authorization provides authority to obtain other credit information, both corporate and personal, in regards to the following: banking and savings account of record; commercial/mortgage loan rating including opening date, high credit, term, payments, payment record and rating; equipment leasing or financing. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

SIGNATURE/TITLE	DATE: