

Attn: Viktor Shchedrin Phone: + 44 207 772 1219

## **ORDER FORM**

The undersigned client ("Client") hereby requests **Moody's Analytics UK Limited** ("Moody's") to furnish to Client, the publications, services, data, software and other products as are indicated below and, in consideration thereof, agrees to pay to Moody's the corresponding fees set forth below.

Products and Services Ordered						
	,	YEAR ONE	YEAR TWO	YEAR THREE		
CreditView ************************************	xxxxxxxx x	xxxxxx	XXXXXXXX	XXXXXXXX		
License includes access for the specified number of users ("Users"), noted above next to each product at the department and premises specified below. Each User is assigned a specific password to access and use the products and/or services described above (the "Information", as further defined in the Terms of Agreement). The Information and associated password(s) may only be used on behalf of the Client.  ***********************************						
Effective Date: September 1, 2016		Initial Term: Three Years				
TOTAL YEAR ONE (So	eptember 1, 2016 to August 31, 2017	):		XXXXXXXXX		

TOTAL YEAR ONE (September 1, 2016 to August 31, 2017):	XXXXXXXXX
TOTAL YEAR TWO (September 1, 2017 to August 31, 2018):	XXXXXXXXX
TOTAL YEAR THREE (September 1, 2018 to August 31, 2019):	XXXXXXXXX
	Plus Applicable Taxes xxxxxxxxxxx

By executing this Order Form, Client and Moody's each agree to, and confirm their intent to be bound by, all the terms hereof, including the Terms of Agreement entered into between **Moody's Analytics UK Limited** and **Exportní garanční a pojišťovací společnost,a.s.** dated effective September 1, 2016, (Moody's Agreement No. 00061490.0) which shall be incorporated herein and shall govern the provision of all Information hereunder. Each party agrees that facsimile, digitally scanned or other electronic copies of signatures shall be valid and binding as originals.





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	<b>í a pojišťovací společnost,a.s.</b> try and Industry Risk	Moody's Analy	Y: ytics UK Limited
Signature:		Signature:	
Name:		Name:	
Title:		Title:	
Date:		Date:	
Name:			
Title:			
Date:			
Please provide bi	lling information if different from above.		
Company Name:			
Billing Contact:			
Address:			
Phone:			
Fax:			
Email:			