|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | |
| YOUR NAME | | TITLE | | |
| EMAIL | | PHONE | | |
|  | | | | |
| **BUSINESS INFORMATION AS REGISTERED** | | | | |
| COMPANY NAME | | | | |
| ADDRESS | | | PHONE | |
| CITY | PROVINCE | | | POSTAL CODE |
| LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_\_ YEARS \_\_\_\_\_\_ MONTHS | | | | |
| TYPE OF BUSINESS : SOLE PROPRIETORSHIP | PARTNERSHIP | LLC | CORPORTATION | OTHER | | | | |
|  | | | | |
| BANK INFORMATION | | | | |
| BANK NAME | | | CONTACT NAME | |
| ADDRESS | | | PHONE | |
| CITY | PROVINCE | | | POSTAL CODE |
| TYPE OF ACCOUNT | ACCOUNT NUMBER | | | |
| SAVINGS |  | | | |
| CHECKING |  | | | |
| OTHER |  | | | |
|  | | | | |
| BUSINESS REFERENCES | | | | |
| Please provide us at least three other companies your business has established credit with previously | | | | |
|  | | | | |
| 1 | COMPANY | | | CONTACT NAME | |
| PHONE | | | EMAIL | |
| ADDRESS | | | TITLE | |
| CITY | PROVINCE | | | POSTAL CODE |
| COMMENTS | | | | |
|  | | | | |
| 2 | COMPANY | | | CONTACT NAME | |
| PHONE | | | EMAIL | |
| ADDRESS | | | TITLE | |
| CITY | PROVINCE | | | POSTAL CODE |
| COMMENTS | | | | |
|  | | | | |
| Continue on to next page … | | | PAGE 1 OF 2 | |
| BUSINESS REFERENCES | | | | |
| Continued from previous page … | | | | |
|  | | | | |
| 3 | COMPANY | | | CONTACT NAME | |
| PHONE | | | EMAIL | |
| ADDRESS | | | TITLE | |
| CITY | PROVINCE | | | POSTAL CODE |
| COMMENTS | | | | |
|  | | | | |
| 4 | COMPANY | | | CONTACT NAME | |
| PHONE | | | EMAIL | |
| ADDRESS | | | TITLE | |
| CITY | PROVINCE | | | POSTAL CODE |
| COMMENTS | | | | |
|  | | | | |
| CREDIT AGREEMENT | | | | |
| 1 | All invoices must be paid within 30 days of the date issued  2 | Any claims regarding an invoice issued must be made within 7 days of the date issued  3 | You authorize inquiry into the banking and business references provided within this application | | | | |
|  | | | | |
| COMPANY REPRESENTATIVES | | | | |
| 1 | SIGNATURE | | | TITLE | |
| NAME | | | DATE | |
|  | | | | |
| 2 | SIGNATURE | | | TITLE | |
| NAME | | | DATE | |
|  | | | | |
| NOTES & COMMENTS | | | | |
|  | | | | |
|  | | | | |
|  | | | PAGE 2 OF 2 | |