

CHARGE OF ACCOUNT CREDIT APPLICATION



NAME/ADDRESS

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number:
Address:			
City:	Province:	Postal Code:	Phone:

COMPANY INFORMATION

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:	Corporation	Partnership	Proprietorship
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
Name of Company Principal Responsible for Business Transactions:	Title:		
Address:	City:	Prov:	Postal Code: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:		
Address:	City:	Prov:	Postal Code: Phone:

TRADE REFERENCES:

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Open Since:	Account Open Since:	Account Open Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date