

confidential credit application

(PLEASE TYPE OR PRINT)

COMPANY INFORMATION					
BUSINESS OR CORPORATE NAME				APPLICATION DATE	
TRADE NAME, IF DIFFERENT			E-MAIL ADDRESS		
BILLING ADDRESS (STREET OR P.O. BOX)			SHIP TO ADDRESS		
CITY	PROV	POSTAL	CITY	PROV	POSTAL
BUSINESS TELEPHONE NO.	BUSINESS FAX NUMBER		A/P CONTACT	SALES CONTACT	CREDIT \$ REQUESTED
YEARS ESTABLISHED	NUMBER OF EMPLOYEES		A/P TELEPHONE NO.	SALES TELEPHONE NO.	
BUSINESS BUILDING <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LEASE			TYPE OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP		
NAME OF LANDLORD, ADDRESS & TELEPHONE NO.					

OWNERS (IF APPLICANT IS SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)			
NAME	TITLE	HOME ADDRESS	HOME PHONE NO.
	SIN		
NAME	TITLE	HOME ADDRESS	HOME PHONE NO.
	SIN		
NAME	TITLE	HOME ADDRESS	HOME PHONE NO.
	SIN		

BANK OR SAVINGS AND LOAN ASSOCIATION			
NAME	LOAN OFFICER CONTACT, PHONE NO. & FAX NO.	ACCOUNT NO.	TYPE OF ACCOUNT
NAME	LOAN OFFICER CONTACT, PHONE NO. & FAX NO.	ACCOUNT NO.	TYPE OF ACCOUNT

REFERENCES (LIST AT LEAST THREE PRINCIPLE SUPPLIERS)			
NAME	FAX NUMBER	PHONE NUMBER	ACCOUNT NO.
NAME	FAX NUMBER	PHONE NUMBER	ACCOUNT NO.
NAME	FAX NUMBER	PHONE NUMBER	ACCOUNT NO.
HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A VOLUNTARY PETITION IN BANKRUPTCY? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THE LAST 6 YEARS? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER <input type="checkbox"/> YES <input type="checkbox"/> NO	

TERMS: The undersigned certifies that the above information, given for credit purchases, is true and correct and authorizes the firm or persons to whom this application is made and any credit bureau or other investigative agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as a part of said investigation. The undersigned acknowledges that all sales are subject to terms stated on individual invoices. Past due account balances are charged a late fee of 1-1/2% per month. All collection costs of past due accounts (including attorney fees, court costs, service fees & interest), will be added to the principle balance. Applicant authorizes the creditor to obtain credit and financial information concerning the applicant at any time and from any source. The undersigned grants the creditor a security interest in, and to, any and all goods and materials and proceeds thereof, including, but not limited to, accounts receivable, notes, tax refunds, materials and proceeds relative to applicant, until indebtedness to creditor is paid in full. All returned merchandise is subject to restocking fees.

PRINT NAME OF APPLICANT	TITLE	SIGNATURE OF APPLICANT	DATE
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IMPORTANT NOTE: PLEASE COMPLETE THIS APPLICATION FULLY - IT WILL EXPEDITE PROCESSING - UNSIGNED APPLICATIONS WILL BE RETURNED.