



# COMMERCIAL CREDIT APPLICATION

PLEASE PRINT

Full name of Firm				
Trade Style (If different than above)				
Street or Postal Address				
Address				
City/Town		Province		Postal Code
Street or Postal Address				
Previous Address (If Applicable)				
City/Town		Province		
Name				
Address				
Facilities Owned		Leased	If leased, from whom	
Equipment Owned		Leased	If leased, from whom	
Name		Address		
Identity		Corporation	Co-operative	Partnership
Proprietorship				
Nature of Business				
Date Business Established		Mo.	Day	Year
Business Phone				
Name		Residence Address		Phone
If a Proprietorship or Partnership, full name of all Principals				
Name		Title		
If a Company, names of Principal Officers				
Credit Requirements \$				
Bank		Branch		
Address		Phone		
Line of Credit		Security		
Is Certified Chartered or Public Accountant employed to audit books?		Yes	No	
Most recent Financial Statements (Balance Sheets, P & L, etc.)		Attached:	Will mail directly:	Not Available
Principal Suppliers, Trade References, etc.		Address		Phone

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND AFFIRMS THAT ANY CREDIT GIVEN TO ME IS EXTENDED UPON THE BASIS OF SUCH INFORMATION.

The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT I HAVE BEEN INFORMED OF YOUR PREVAILING TERMS FOR REPAYMENT AND AGREE TO PAY A SERVICE CHARGE OF 2% PER MONTH (24% PER ANNUM) ON ANY OVERDUE BALANCE UNTIL PAID.

Date \_\_\_\_\_

Signature \_\_\_\_\_