



1-20011 96 Ave Langley BC V1M 3C6
Tel: 604 888 7747 Fax: 604-888-7723

APPLICATION FOR CREDIT

DATE _____

NAME OF COMPANY _____ YEARS IN BUSINESS _____

TRADE OR STYLE NAME _____ REGISTERED _____

HEAD OFFICE ADDRESS _____ POSTAL CODE / ZIP CODE _____

TELEPHONE (____) _____ FAX (____) _____

TYPE OF BUSINESS _____

AMOUNT OF CREDIT REQUIRED _____ ANTICIPATED VOLUME 1ST 12 MONTHS _____

OWNERSHIP: CORP. _____ PARTNERSHIP: _____ INDIVIDUAL _____

A/P PERSON _____ BUYER _____

NAMES OF OFFICERS OR OWNERS	TITLE	ADDRESS	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____

CREDIT REFERENCES	ADDRESS	FAX
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

BANK _____ ADDRESS _____

BANK MANAGER'S NAME _____ TELEPHONE: _____

THE APPLICANT UNDERSTANDS THAT THE TERMS ON WHICH THE COMPANY GRANTS CREDIT ARE AS FOLLOWS:

1. Accounts 30 days overdue from the date of invoice are Subject to an interest charge of 2% per month (24% per annum). Any payments made thereafter will be applied to interest first And then to principal,

LIMIT: _____

2. Credit may be restricted on any account with a Thirty (30) day past due balance unless special Permission has been received from the credit department.

CREDIT APPROVED

CUSTOMER'S SIGNATURE