

1300 Border Street Winnipeg, Manitoba R3H 0M6 Telephone: (204) 774-1921 Toll Free: (888) 301-1921

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CONFIDENTIAL CREDIT APPLICATION

We appreciate the opportunity to serve you as a new customer. Outlined below is the information we need to become better acquainted with you and your customers and to open an account for your convenience. Please allow 2 weeks for processing.

Company name:				
Street address:				
City: Provi	nce:		Postal C	ode:
Telephone: ()	F	ax: ()	
Contact name in Accounts Payable:		Tele	phone: ()
Principal line of business:				(state type & nature of business)
Established: (year) Credi	t limit required:			
Corporation: Yes No				
Years in business:	Name of pr	incipal s	hareholde	r:
REFERENCES:				
Bank: Accou	ınt No.:		Contact	t Name:
Address:	Т	elephon	e: ()	
MAJOR SUPPLIERS:				
1)		_ ()	
2)		_ ()	
3)		_ ()	
Please be advised	I there is a 2% interest o	harge pe	er month f	for any account over 30 days.
Authorized signature:				
Authorized signature: Date:			-	