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CREDIT APPLICATION

CLIENT: _____

(Operating company)

COMPANY NAME: _____

(if different)

ADDRESS: _____

No street

city province country postal code

TEL.: (____) _____ - _____ FAX.: (____) _____ - _____

EMAIL: _____

CONTACTS

_____ TEL.: (____) _____ - _____ EMAIL: _____

Manager name

_____ TEL.: (____) _____ - _____ EMAIL: _____

Account payable

_____ TEL.: (____) _____ - _____ EMAIL: _____

Other

_____ TEL.: (____) _____ - _____ EMAIL: _____

Other

GENERAL INFORMATION

Years of experience: _____

Years in business: _____

Number of employees: _____

Operating region: _____

TRADE REFERENCES

_____ FAX.: (____) _____ - _____ EMAIL: _____

Company name

_____ FAX.: (____) _____ - _____ EMAIL: _____

Company name

_____ FAX.: (____) _____ - _____ EMAIL: _____

Company name

BANKING INFORMATION

BANK NAME: _____

ACCOUNT #: _____

PHONE: (____) _____ - _____

ADDRESS:

NO

STREET

CITY

PROVINCE

POSTAL CODE

CREDIT REQUIRED: _____ \$

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Signed in _____, this _____ day of _____ 20_____.

Signature: _____ Title: _____

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