



# CREDIT ACCOUNT APPLICATION



## Business Particulars

First Name:		Last Name:		Position:	
Legal Business Name:			Carrying on Business as:		
Business Address:			City:		Postal Code:
Business Telephone:		Business Fax:		Other Number:	
Number of years in Business:			Business Email:		
Type of Business (Circle)		Proprietorship	Partnership	Corporation	
Amount of Credit Required:					

## Credit Information

Trade Reference (Name):		Contact (Name):			
Address:	City:	Telephone Number:	Fax Number:	Email:	
Trade Reference (Name):		Contact (Name):			
Address:	City:	Telephone Number:	Fax Number:	Email:	
Trade Reference (Name):		Contact (Name):			
Address:	City:	Telephone Number:	Fax Number:	Email:	
Business Bank:	Branch Address:		Transit#:	Account Number:	
Account Manager:		Telephone Number:		Fax Number:	

**Permission is hereby granted for bankers to release pertinent information. The undersigned, or each of them, if more than one, certifies the above information to be true and correct and holds signing authority of the above applicant. I/We agree that usual credit inquiries may be made at any time in connection with the credit hereby applied for. Consent is hereby given for the disclosure of such information to any person or to any credit reporting agency to which the undersigned may have financial relations.**

Authorized Signature:		Authorized Signature:	
Print Name:		Print Name:	
Date:		Date:	