

CREDIT APPLICATION v.3. 0

REP: SHAWN WOODS

* For credit requests above \$2,000, please complete the following application form:

Legal Name: _____ **Operating Name:** _____

Street Address: _____

City: _____ Province: _____ Postal: _____

Telephone: _____ Fax: _____ Email: _____

Year Established: _____ Corporation / Partnership / Proprietorship? _____

Officers/Partners/Owners

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

Credit Amount Requested: _____

Current Financial Statement Available (Y/N): _____

Accounts Payable Contact: _____

Telephone: _____ Fax: _____ Email: _____

Banking Institution: _____ **Account #:** _____

Address/Location: _____

Contact Name: _____ Telephone: _____

Trade References: Please list 3 major suppliers that you buy on an open account basis:

1. Business Name: _____ **Contact Name:** _____

Address: _____ Max. Credit Received: _____

Telephone: _____ Email: _____

2. Business Name: _____ **Contact Name:** _____

Address: _____ Max. Credit Received: _____

Telephone: _____ Email: _____

3. Business Name: _____ **Contact Name:** _____

Address: _____ Max. Credit Received: _____

Telephone: _____ Email: _____

I the undersigned, legally authorized by the company, do declare that the information given by myself is to the extent of my knowledge, correct. I authorize your Company and/or Agent authorized to do so, to conduct a full investigation with my Bank and/or trade references for the sole purpose of credit granting. I also acknowledge that this credit information will be periodically updated for the purpose of reviewing our credit standing. The credit granting remains your Company's prerogative and therefore could be cancelled at any time without notice.

NAME: _____ **POSITION:** _____

SIGNATURE: _____ **DATE:** _____

Please Do Not Write Below This Line: To be completed by credit department only

ATTN:	Credit Amount Approved:	Date:	Signing Officer:
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