

# CREDIT APPLICATION FORM

<b>CLIENT INFORMATION</b>					
Business name (including trade name)			Status <input type="checkbox"/> Inc. <input type="checkbox"/> LLP <input type="checkbox"/> GP <input type="checkbox"/> Other _____		Date of start of business?
Address of main place of business				City	
Province	Postal Code	Phone Number (____) ____ - _____ Ext : _____		Fax Number (____) ____ - _____	
Contact Person		E-mail address		Owner or Lessor? <input type="checkbox"/> Owner <input type="checkbox"/> Lessor	
Name of account payables manager		Do you have an account under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, Account # _____		Number of Employees	
Forecast Purchases	_____ \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly		Purchase Order required? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>FINANCIAL INSTITUTION INFORMATION</b>					
Name			Account Number		
<b>ADDRESS</b>			<b>CITY</b>		

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