

Business Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone No: (____) _____

Accounts payable email: _____

Nature of Business: _____

Principals: _____

No. Employees: _____ No. Years in Business: _____

Is your business a: Corporation Partnership Sole Proprietorship Joint Venture:

Bank Name: _____ Manager: _____

Address: _____ Phone No.: _____

Trade References

Name	Email	Phone
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____

CREDIT AGREEMENT - TERMS AND CONDITIONS

We agree to abide by your credit policy which is:

1. Invoices are to be paid net 30 days from date of Invoice
2. Interest at the rate of (1.5%) one and a half percent per month, will be charged on past due invoices.

Dated at: _____ Date: _____

Applicant's Signature: _____ Title: _____

Print Name: _____