

CREDIT APPLICATION

Company Name:			
Address:			
	Zip Code:		
Nature of business:			
Telephone no.: () Fax no.: ()			
Provincial Tax no. :			
YOUR BANK			
Name:			
Address:			
Account no.:	Tel	.:()_	
Authorization to verify credit with your	bank:	(SIGN	ATURE)
OUR TERMS ARE NET 30 DAYS			
SUPPLIER REFERENCES			
NAME	FAX		TELEPHONE
1			
2			
SIGNATURE:	\mathbf{D}	ATE:	