

CREDIT APPLICATION

Standard Commercial Credit Check

Name:		
Present Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Date of Birth:	SIN:	
Company Name:		
Address:		
City:	Province:	Postal Code:
Telephone		

Banking Information

Bank Name:	Account No.
Address of Bank:	
Telephone:	Fax:
Account Nos.:	

References

Name and Telephone Numbers:
1.
2.
3.

The undersigned certifies the above information to be true and consents to the obtaining of credit and/or personal information, as may be required, through any credit reporting agency or through any person with whom the undersigned has or proposes to have financial relations.

Date _____ Time _____

Authorized Signature _____