



CREDIT APPLICATION

669 Derwent Way, Delta, BC V3M 5P7
 PHONE: 604 521 9315 FAX: 604 521 9307

FULL LEGAL BUSINESS NAME:	
COMPLETE MAILING ADDRESS:	
COMPLETE PHYSICAL ADDRESS:	
HEAD OFFICE, MAILING ADDRESS:	
HEAD OFFICE, PHYSICAL ADDRESS:	
PHONE:	FAX:
ALTERNATE PHONE:	ALTERNATE FAX:
ACCOUNTS PAYABLE CONTACT:	PRINCIPLE BUSINESS CONTACT:
CREDIT DESIRED:	YEARS IN BUSINESS:
DO YOU REQUIRE PURCHASE ORDER NUMBERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT LINE OF BUSINESS ARE YOU IN?
NAME OF OWNERS 1.	NAME OF OWNERS 2.
NAME OF OWNERS 3.	NAME OF OWNERS 4.
PRINCIPALS OF COMPANY (NAME & TITLE) 1.	PRINCIPALS OF COMPANY (NAME & TITLE) 2.
PRINCIPALS OF COMPANY (NAME & TITLE) 3.	PRINCIPALS OF COMPANY (NAME & TITLE) 4.
ARE ANY OF THE OWNERS/OFFICERS NOW OR IN THE PAST 5 YEARS IN BANKRUPTCY PROCEEDINGS? (IF YES, PLEASE PROVIDE EXPLANATION)	

TRADE REFERENCES

NAME:	PHONE:	FAX:	CONTACT:
NAME:	PHONE:	FAX:	CONTACT:
NAME:	PHONE:	FAX:	CONTACT:

BANK REFERENCES

NAME:	PHONE:	CONTACT:
ADDRESS:	FAX:	ACCOUNT#:

By signing below, you agree to all terms and conditions as specified on page 1 of the "Application of Credit".

DATE:	AUTHORIZING APPLICANT NAME (PLEASE PRINT):	AUTHORIZING APPLICANT SIGNATURE:
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PLEASE FAX COMPLETED FORM TO: 604 521 9307