



Credit Application

General Information

Legal Company Name: _____
 Affiliate Company Name (if any): _____
 Physical Address: _____
 Mailing Address: _____ City _____ Prov _____
 Postal Code _____ Tel: _____ Fax: _____ E-mail _____
 Cell # _____
 Accounts Payable Contact _____ Tel (if different) _____

Company Owner(s) – Principals

Business Information

Name _____ Address _____ City _____ Prov _____
 Postal Code _____ E-Mail _____
 Tel: _____ Fax _____
 SIN _____ Date of Birth _____
 (optional)
 Number of Employees _____ Annual Sales \$ _____ Credit Requested \$ _____

Type of Ownership Individual Partnership Corporation
 Type of Business: _____
 # of years in Business _____ Are PO's required? yes no
 Person(s) Authorized to Purchase:
 1. _____
 2. _____
 3. _____

Bank Information

Name of Bank _____ Transit _____ Account Number _____
 Address _____ Account Manager _____
 Tel _____ Fax _____ Assignment of accounts receivable yes no
 Type of account: Business or Personal

Trade References

	City	Phone	Fax
1.			
2.			
3.			
4.			
5.			

Application must be completed in its entirety to facilitate processing

- We/I make this application for a charge account and give _____ authorization to obtain and report Business information and Personal credit information on the principals of this company including detailed bank reports through the services of The Echo Group Inc. / Trans Union of Canada Inc. for the purpose of opening this account and monitoring it for this business relationship.
- We/I authorize the exchange of business and personal information on an ongoing basis with credit bureaus and other trade suppliers in order to protect and ensure the completeness of the information and to maintain the integrity of the credit granting system.
- We/I authorize the co-operation with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect both parties from fraudulent transactions.
- We/I authorize the disclosure of business and personal information where necessary to protect your interests, and ours.

Applicants Name _____

Signature _____

Date _____

Terms – Net 30 Days – Interest 2% / month

Processed by _____ Credit Limit Recommended: \$ _____ Authorized by: _____ Credit Limit Approved \$ _____

ACTIVATION LABORATORIES LTD.