



8860 Jim Bailey Cres.
 Kelowna BC, V4V 2L7
Toll Free: 1-866-766-1206
Phone: 250-864-8842
Fax: 250-863-5838

Credit Application

1. YOUR CONTACT INFORMATION

Customer's Legal Name:			
Customer Trade Name:			
Street Address:		P.O.Box:	
City:		Province/State:	
Postal / Zip Code:		Tel:	
Email:		Fax:	

2. COMPANY DETAILS

Line of Business:		Years in Business:	
Type of Business:	Sole Proprietor <input type="checkbox"/>	Corporation <input type="checkbox"/>	# of Employees

3. COMPANY MANAGEMENT - Officers, directors, partners

Name	Address	Telephone

4. PAYABLES INFORMATION

Accounts Payable Contact:		
Purchase Orders Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Invoicing Requirements:		

5. SUPPLIER REFERENCES

Name	Address	Telephone

6. BANKING & FINANCIALS

Bank Name & Address:	Account #	
	Telephone:	
Bank Contact Name:	Financial Statements Available in Confidence?	
Credit Requested: \$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the applicant business or any of it's officers, partners, or directors ever declared bankruptcy?		
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Date Declared:

Please Fax this completed form to: 250-863-5838