



CREDIT APPLICATION

Business Name: _____

Owner Name(s): _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Fax: _____

Accounts Payable Contact: Phone/Ext. #: _____ Email: _____

How Long at the above address: _____ Date Business Established: _____

Does the Business own or rent its facilities? Own Rent

Banking Institution: _____ Account # _____

Banking Address: _____

Account Manager Name: _____ Email: _____

Phone /Ext #: _____ Fax #: _____

Trade References

Compnay Name & Address : _____

Contact Name and Email : _____

Email and Phone number : _____ Telephone No. _____

Compnay Name & Address : _____

Contact Name and Email : _____

Email and Phone number : _____ Telephone No. _____

Compnay Name & Address : _____

Contact Name and Email : _____

Email and Phone number : _____ Telephone No. _____

Compnay Name & Address : _____

Contact Name and Email : _____

Email and Phone number : _____ Telephone No. _____

Terms: Payment must be received at S. Gumpert office within 30 days of the invoice date.

Cancellation: Creditor reserves the right to cancel this credit facility at anytime without prior notice to the applicant.

Credit Investigation: Authorizes the creditor to obtain any credit information from any credit reporting agency or any other source deemed appropriate at any time in connection with the credit hereby requested.

The undersigned hereby declares that all of the information supplied in this credit application and agreement is true and accurate.

Authorization: Principal Officer (i.e. VP of Finance, CFO etc.)

Signature: _____

Date: _____

Name & Title: _____