

## **CREDIT APPLICATION FORM**

## **COMPANY INFORMATION**

Registered Name:					
Business Address:					
Business Telephone:			Cell Phone:		
Number of Years in Business:			Fax Number:		
Amount of Credit Requested:			HST Number:		
Email Address:					
Please note: Invoices wi Names and addres	•	the email address above u	inless specified otherwise.		
Name & Address o	f Rank	BANKING IN			
			Line of Condit.		
How Long:	DW Long: Line of Credit:  TRADE REFERENCES				
N	ame	City & Province	EFERENCES  Email Address	Telephone#	
		-		retephonen	
2					
-			my account. I understand that m will be securely stored by Chase		
			ion current and any card change o so can cause my account to be		
		PAYMENT	OPTIONS		
		to charge the monthe, the last day of each	ly balance of my account to the month.	credit card provided with this	
		d maintain current ac invoices exceeding 6	ccount status. Failure to mainta O days old.	in current account status will	
<ul><li>a) All account that a serv</li><li>b) Nova West</li></ul>	ice charge of 2% per i t Laboratory Limited	le per the terms state month (24% annum) v reserves the right to	d on each invoice (unless otherwill be applied to past due invoic obtain credit information on the on this application.	es.	
INTERNAL USE ONLY	I		Signature of Owner, Director, o		
Approved	Credit Limit	Date	Title: Date:		