

Credit Application Form

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, Province/State/Postal/Zip Code:			

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, Province/State/Postal/Zip Code:	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, Province/State/Postal/Zip Code:		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Province/State/Postal/Zip Code:		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Province/State/Postal/Zip Code:		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

By submitting this application, you authorize Counselor Customs Brokers Ltd., to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	