

Commercial Credit Application

VENDOR	VENDOR NAME:		TERM:	
	SALES REP.:		EQUIPMENT:	
	TELEPHONE:		PAYMENT (Monthly): \$	
	FAX:		PAYMENT (Quarterly): \$	
COMPANY INFORMATION	FULL COMPANY NAME:			
	ADDRESS:			
	CITY:	PROVINCE:	POSTAL CODE:	TELEPHONE:
	TYPE OF BUSINESS:		NO. OF EMPLOYEES:	BUSINESS START DATE:
	STRUCTURE: <input type="checkbox"/> INCORPORATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP			
PRINCIPALS/ OFFICERS	1	NAME:		TITLE:
	2	NAME:		TITLE:
BANK REFERENCES	BANK NAME:			
	ADDRESS:			
	CITY:	PROVINCE:	POSTAL CODE:	TELEPHONE:
	BRANCH:		ACCOUNT NO.(S):	
	AVERAGE BALANCE ON DEPOSIT: \$		OVERDRAFT/LOAN AMOUNT(S): \$	
FINANCIAL SUMMARY	TOTAL REVENUE/SALES: \$		TOTAL ASSETS: \$	
	INCOME BEFORE TAXES: \$		TOTAL DEBT: \$	
	NET INCOME AFTER TAXES: \$		TOTAL SHAREHOLDERS EQUITY: \$	
	<p>THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND CORRECT.</p>			
	<p>X _____ TITLE: _____ DATE: _____ (Authorized Signature)</p>			