## CONFIDENTIAL CREDIT APPLICATION

## **BUSINESS INFORMATION** Legal Name of Company: **Business Operating Name:** Address: Phone: Nature of Business: Length of Time in Business: Annual Volume of Business: Net Worth: Partnership ( ) Limited Co. ( ) Subsidiary ( ) Company is a: Proprietorship ( ) APPLICANT'S PRESENT BUSINESS LOCATION Name of Landlord/Property Management Company: Contact: Phone: APPLICANT'S BUSINESS BANK INFORMATION Bank: Address: Account Name: Account Number: Phone: Contact: Address: Bank: Account Name: Account Number: Phone: Contact: APPLICANT'S BUSINESS TRADE REFERENCES 1. Name: Address: Account Name: Account Number: Phone: 2. Name: Address: Account Name: Account Number: Phone: 3. Name: Address: Account Name: Phone: Account Number:

## **CONFIDENTIAL CREDIT APPLICATION - cont'd**

PERSONAL INFORM	MATION		
Name:		Phone:	
Address:			
City / Province:		Postal Code:	
S.I.N:	Birthdate (M	Birthdate (Month/Day/Year):	
Citizenship:	Driver's Lice	Driver's Licence# & Province:	
PERSONAL BANK II	NFORMATION		
Bank:	Address:		
Phone:	Account Name:	Account Number:	
Contact:			
I HEREBY AUTHORIZ		APPLICATION IS SUBMITTED TO OBTAIN SUCH MED NECESSARY IN CONNECTION WITH THE	
ESTABLISHMENT AN	ND MAINTENANCE OF A CREDIT ACCOUN	T OR FOR ANY OTHER DIRECT BUSINESS	
REQUIREMENT.			
Signed:			
On Behalf of:			
Date (Month/Day/Year)	):		
<u> </u>			