



## Business Credit Application

Please note that all information will be kept strictly confidential

### Contact Information

Last:	First:	Middle Initial:	Title
Name of Business:			NEQ (Quebec)#
Address:			
City:	State:	ZIP:	
Phone:		Email:	

### Applicant Information

Legal Name of Company:	In Business Since:			
Trade Name Which Business Operates:				
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:				
In Business Since:				
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:				Title:
Address:	City:	State:	ZIP:	
Phone:		Email:		

### Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:



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### *BANK REFERENCE*

<b>Bank name:</b>		
Address:		
City:	State:	Postal /Zip Code:
Account Manager		
Telephone No.		
Fax No.		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used for the sole purpose of opening an account and to determine the amount and conditions of the credit to be extended.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*