



## CREDIT APPLICATION

### COMPANY PROFILE

NAME OF BUSINESS : ( <i>Legal name</i> ) _____	
ADDRESS : _____	TELEPHONE : _____
CITY : _____	FAX : _____
PROV/STATE : _____	POSTAL/ZIP CODE : _____
TYPE OF BUSINESS : _____	IN BUSINESS SINCE : _____

### NAME OF PRINCIPAL OFFICER, OWNER:

NAME : _____	NAME : _____
ADDRESS : _____	ADDRESS : _____
TELEPHONE : _____	TELEPHONE : _____
TITLE : _____	TITLE : _____

PURCHASING AGENT : _____
ACCOUNTS PAYABLE CONTACT : _____
AMOUNT OF CREDIT REQUESTED : _____

### BANKING INFORMATION

COMMERCIAL BANK : _____	
ADDRESS : _____	ACCOUNT NO. : _____
CITY : _____	TRANSIT NO. : _____
PROV/STATE : _____	CONTACT : _____
TELEPHONE : _____	FAX : _____

### TRADE REFERENCES

NAME : _____	ADDRESS : _____
TELEPHONE : _____	FAX : _____
NAME : _____	ADDRESS : _____
TELEPHONE : _____	FAX : _____
NAME : _____	ADDRESS : _____
TELEPHONE : _____	FAX : _____

### CONDITIONS

#### CREDIT TERMS :

Credit terms (after approval by CVT Distribution,) are net 30 days.

#### INTEREST :

Interest rate of 24 % will be charged monthly on accounts over 30 days.

I, \_\_\_\_\_, certify that the information given above is true and complete to the best of my knowledge and I accept the terms and conditions as stated.

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

TITLE : \_\_\_\_\_

