

3228 2 AVE N  
LETHBRIDGE, ALBERTA  
888-322-3280  
403-328-0205



## BUSINESS CREDIT APPLICATION

### COMPANY NAME/ADDRESS:

NAME:	TYPE OF BUSINESS
ADDRESS:	CONTACT 1: TITLE: PHONE
PHONE: FAX: EMAIL:	A/P CONTACT: FAX# EMAIL:

### BANK REFERENCE

	ADDRESS:
	ACCOUNT NO#

### BUSINESS REFERENCES

NAME: ADDRESS:	CONTACT NAME PHONE# FAX#
NAME: ADDRESS:	CONTACT NAME PHONE# FAX#
NAME: ADDRESS:	CONTACT NAME PHONE# FAX#

I hereby certify that the information contained is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this Credit Application to release necessary information to the company for which credit is being applied for in to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date