



Box 99 Elbow, SK S0H 1J0 (306) 854-2265

APPLICATION FOR CREDIT / CREDIT UPDATE

LEGAL NAME OF COMPANY _____

TRADE NAME(S) _____ TYPE OF BUSINESS _____

ADDRESS _____ CITY _____ POSTAL CODE _____

TELEPHONE# _____ WEBSITE _____

YEARS OPERATING _____ AMOUNT OF CREDIT REQUESTED \$ _____

ANNUAL SALES (PREVIOUS FISCAL YEAR) \$ _____ # OF EMPLOYEES _____

OWNERSHIP?: CORP? _____ PUBLIC LISTED _____ PARTNERSHIP _____ PROPRIATERSHIP _____

GST/HST.# _____ P.S.T.# _____

OWNER/OFFICERS *List all primaries. If more space is required, please use the back of the form.*

NAME	TITLE	TELEPHONE	EMAIL ADDRESS

ACCOUNTS PAYABLE CONTACT

NAME	TELEPHONE	FAX NUMBER	EMAIL ADDRESS

BANK REFERENCE

BANK NAME	ADDRESS		
CONTACT NAME	EMAIL ADDRESS		TELEPHONE
CHECKING ACCOUNT #	SAVINGS ACCOUNT #	LINE OF CREDIT #	LOAN #

TRADE REFERENCES (NO LESS THAN THREE)

NAME	TELEPHONE	CONTACT EMAIL ADDRESS

Application void without signature – I agree the usual credit inquiries may be made at any time in connection with the credit hereby applied for and consent to the disclosure of such information to any credit agency for verification investigation by whatever legal means available to Commutron. I authorize the release of credit information by the bank, as listed above, for this purpose. I agree all Commutron invoices to that are unpaid within 30 days are subject to a 24% per annual percentage interest rate on the net charge of the invoice and the collected APR will be paid.

Authorized signature: _____ **Title:** _____

Date: _____

This information is provided for the purpose of granting standard credit terms of Net 30 days to applicant. Until such time that credit terms are granted, orders may be placed on a prepaid basis.