



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 TWO)

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.**