

## **Business Credit Application**

Name of Business:			Tax I.I	D. Number	
Name Of Company Principal:		Title:			
Address: City	<i>r</i> : P	rovince: Postal Co	de:		
Email Address:			Phone:	EXT:	
Company Information	1				
Type of Business:	In Business Since:				
Legal Form Under Which Business Operates: Corp		Corporation $\square$	ration $\square$ Partnership $\square$ Proprietorship $\square$		
Accounts Payable Email Address:			Monthly Line Of Credit Required:		
Preferred Method Of Payment:	Cheque CC	Bank Transfer	Are Purchase Or	ders Required: YES NO	
Billing:					
Address	City	Province	Postal Code	Phone	
	Oity	1 10411100	1 dotal dodd	THORE	
Shipping/Delivery:					
Λ dd	City	Province	Postal Code	Phone	
			Postal Code	Prione	
Address	City	FIOVINCE			
Address	Gity	FTOVINCE			
General Credit Banki	· · · · · · · · · · · · · · · · · · ·	nces			
General Credit Banki	· · · · · · · · · · · · · · · · · · ·				
General Credit Banki	· · · · · · · · · · · · · · · · · · ·	nces	lumber:		
General Credit Banki nstitution Name: Branch Contact Person:	· · · · · · · · · · · · · · · · · · ·	Account N	lumber:		
General Credit Banki nstitution Name: Branch Contact Person:	· · · · · · · · · · · · · · · · · · ·	Account N Email Add	lumber:		
General Credit Banki nstitution Name: Branch Contact Person:	· · · · · · · · · · · · · · · · · · ·	Account N Email Add	lumber:		
General Credit Banki Institution Name: Branch Contact Person: Address:	· · · · · · · · · · · · · · · · · · ·	Account N Email Add	lumber:		
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General Credit Banki nstitution Name: Branch Contact Person: Address:	· · · · · · · · · · · · · · · · · · ·	Account N Email Add	lumber:		
General Credit Banki nstitution Name: Branch Contact Person: Address: Phone: Trade References	ng Referer	Account N Email Add	lumber:	Name:	
General Credit Banki nstitution Name: Branch Contact Person: Address: Phone: Trade References Company Name:	ng Referer	Account N Email Add Notes:	lumber: dress:		
General Credit Banki nstitution Name: Branch Contact Person: Address: Phone: Trade References Company Name: Contact Name:	Comp.	Account N Email Add Notes: Fax:	lumber: lress:  Company Contact N		
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General Credit Banki nstitution Name: Branch Contact Person: Address: Phone:  Trade References Company Name: Contact Name: Address:	Comp. Contact Address	Account N Email Add Notes:  Fax:  any Name: ct Name: sss:	Company Contact N Address: Phone:	ame:	
General Credit Banki Institution Name: Branch Contact Person: Address:  Phone:  Trade References Company Name: Contact Name: Address:	Comp. Contact Address	Account N Email Add Notes:  Fax:  any Name: ct Name: ss:	Company Contact N Address: Phone:	Dened Since:	
General Credit Banki Institution Name: Branch Contact Person: Address:  Phone:  Trade References Company Name: Contact Name: Address:  Phone: Account Opened Since: Credit Limit: Current Balance:	Comp. Contac Addres Phone Accou	Account N Email Add Notes:  Fax:  any Name: ct Name: ss:	Company Contact N Address:  Phone: Account C	Dened Since:	

I hereby certify s after date of invoice (unless oth accounts. All costs of collections will be covered by debtor. The applicant authorizes "Boxer Building & Crating LTD" to obtain credit information as required.

Email To: Eric@boxerbuilding.com or fax 780-435-7573

Signature	Date