



BUSINESS CREDIT APPLICATION

Name/Address

Last: _____ First: _____		Title _____
Middle Initial: _____		
Company Name: _____		Tax I.D. Number _____
Address: _____		
City: _____	Province: _____	Postal Code: _____
Phone: _____		

Company Information

Type of Business: _____		In _____	
Business Since: _____			
Legal Form Under Which Business Operates: _____			
State/Province/Country: _____		Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company: _____		In _____	
Business Since: _____			
Name of Company Principal Responsible for Business Transactions: _____			
Title: _____			
Address: _____		City: _____	Province: _____ Postal: _____
Phone: _____			
Name of Company Principal Responsible for Business Transactions: _____			
Title: _____			
Address: _____		City: _____	Province: _____ Postal: _____
Phone: _____			

Bank References

Institution Name: _____	Institution Name: _____	Institution Name: _____	
Checking Account #: _____	Savings Account #: _____	_____	_____
Address: _____	Address: _____	Address: _____	
Contact Person : _____	Contact Person : _____	Contact Person : _____	
Phone: _____	Phone: _____	Phone: _____	

Trade References

COMPANY NAME: _____	COMPANY NAME: _____	COMPANY NAME: _____
Contact Name: _____	Contact Name: _____	Contact Name: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Account Opened Since: _____	Account Opened Since: _____	Account Opened Since: _____
Credit Limit: _____	Credit Limit: _____	Credit Limit: _____
Current Balance: _____	Current Balance: _____	Current Balance: _____

COMPANY NAME: _____	COMPANY NAME: _____	COMPANY NAME: _____
Contact Name: _____	Contact Name: _____	Contact Name: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Account Opened Since: _____	Account Opened Since: _____	Account Opened Since: _____
Credit Limit: _____	Credit Limit: _____	Credit Limit: _____
Current Balance: _____	Current Balance: _____	Current Balance: _____



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Credit Card Information

VISA	Amount of Credit Requested:
MC	
EXPIRY	
Card Holder Name	
Card Holder Address	
Have you or your officers or affiliates ever filed a petition in bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your company subject to any litigation? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe:	

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

CWLL requests to have a credit card on file with the permission to use it when the account reaches a 45-day overdue payment period. CWLL is not responsible for 3rd party overdue accounts. Do you agree to these terms YES_____ NO_____

I have read the terms and conditions stated below and agree to all of those terms and conditions.

Company Name: _____

Authorised Signature: _____

Title: _____

Printed Name: _____