



APPLICATION FOR CREDIT

Business Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Fax: _____
P.S.T. # _____ G.S.T. # _____
Type of Business: _____ Year of commencement: _____
Limited Company _____ Partnership _____ Proprietorship _____

Principal Owners or Stockholders:

1. Name: _____ Title: _____ Telephone: _____
2. Name: _____ Title: _____ Telephone: _____
3. Name: _____ Title: _____ Telephone: _____

Accounts payable contact: _____

Supplier References:

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Financial References:

1. Bank: _____	2. Bank: _____
Branch: _____	Branch: _____
City: _____	City: _____
Telephone: _____	Telephone: _____
Account Number: _____	Account Number: _____
Contact: _____	Contact: _____

Credit limit requested: _____

Terms:

- I/We hereby request a credit account with Delroc Industries Ltd. The information provided in this application is true, accurate and complete.
- I/We agree to the credit terms and conditions specified by Delroc Industries Ltd. I/We agree to pay a service charge on any amounts, which are outstanding past the date when payment is due.
- Authorization is given here for Delroc Industries Ltd. to receive and exchange credit information in connection with this application and ongoing transactions.

Signature(s): _____ Date: _____
Name: _____ Title: _____