

CONFIDENTIAL APPLICATION FOR CREDIT

Legal Company Name: (In Full)		
Address:		
City/Town:	Province:	Postal Code:
TEL #:	FAX #:	
WEB SITE:	EMAIL:	

Business # (BN):	DUNS® #:
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Ownership (Check one): Sole Proprietorship Partnership Corporation Other Please Explain: _____

Type of Business:	Year Business Began:
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Number of Employees: Under 10 11 – 25 26-75 Over 75

Estimate Maximum Credit Required: _____

INFORMATION CONCERNING THE PRINCIPAL OWNERS, PARTNERS, OFFICERS: (please attach sheet if necessary)

<u>FULL LEGAL NAME</u>	<u>TITLE/POSITION</u>	<u>FULL STREET ADDRESS:</u>

Name of Bank:	Contact Person's Name:
Email Address:	Telephone #:

LIST THREE FIRMS WE CAN CONTACT FOR CREDIT REFERENCES: (please attach sheet if necessary)

<u>COMPANY NAME</u>	<u>FAX #</u>	<u>TELEPHONE #</u>	<u>EMAIL ADDRESS</u>

The undersigned certifies that the above information is complete and correct and on behalf of the company:

- 1. consents to CCI obtaining credit information about the company, and where necessary, its principals and for that purpose consents to any credit reporting agency/financial institution releasing information to CCI;**
- 2. agrees that if accepted as a credit account it will be bound by CCI's terms and conditions of sale as they may be from time to time. A copy of the current terms and conditions of sale will be made available to you.**

I have authority to bind the company.

Print your Name here: _____

SIGNATURE: _____

Position/Title: _____

Date: _____