



56 Main Street (Hwy 510), L'Anse Au Loup, NL A0K 3L0 PHONE: 709-927-5851 FAX: 709-927-5747

CUSTOMER CREDIT APPLICATION

ALL FORMS MUST BE FULLY COMPLETED, NO ACCOUNT WILL BE OPENED UNTIL ALL DOCUMENTS ARE RECEIVED AND ARE SATISFACTORY.

Name of Company or Individual: _____

Contact Person (for Company): _____

Address: _____ Ship to: _____

Telephone

Home: _____ Work: _____ Fax: _____

HST # (if applicable): _____ Band # (if applicable): _____

Employer (for Individuals):

Name: _____ Telephone #: _____

Credit References:

1) _____ Telephone #: _____

2) _____ Telephone #: _____

3) _____ Telephone #: _____

Banking Information:

Institution: _____ Branch: _____

Telephone #: _____ Contact Person: _____

Credit Card:

Visa: _____ Expiry Date: _____

Mastercard: _____ Expiry Date: _____

Other: _____ Expiry Date: _____

Credit Limited Requested: _____

I understand that my charge account with {{Insert Full Corporate Dealer Name Here}} will be due and payable on the last day of the month following the date of the monthly statement. All overdue accounts are subject to a 2% interest charge per month. If this account is not kept current, all charging privileges will be discontinued. If accounts are not paid in full, I authorize {{Insert Full Corporate Dealer Name Here}} to make payments from the above credit card unless other arrangements have been made.

Signature: _____

Date: _____