

CapSure Canada
34 Harriet Street, Penetanguishene, Ontario L9M 1L1 1-705-549-8091

CREDIT APPLICATION Amount Requested: \$

(CDN / USD)

COMPANY INFORMATION

Legal Name of Firm or Individual (in full)

Complete Business Address (Street Name & Number / P.O. Box (if applicable))

City Province / State Country Postal / Zip Code

Telephone Number Fax Number website address (if applicable)

Federal Sales Tax Number Provincial Sales Tax Number

_____ CORPORATION / PARTNERSHIP / PROPRIETORSHIP

Type of Business Date Business Commenced Please select one

ACCOUNTING / CREDIT INFORMATION

Complete Billing Address (Street Name & Number / P.O. Box (if applicable))

City Province / State Country Postal / Zip Code

Accounts Payables Contact Title

Telephone Number Fax Number e-mail address

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution

Address Account Number / Type

Branch Contact Telephone Number

TRADE REFERENCES

Company Name Contact Telephone Number Fax Number

Company Name Contact Telephone Number Fax Number

Company Name Contact Telephone Number Fax Number

Company Name Contact Telephone Number Fax Number

I certify that the company information listed above is true and accurate and I grant CapSure Canada permission to validate this information in order to extend credit terms.

Dated at _____ on the _____ of _____, _____ year
city date month

_____ Signature of Company Officer

_____ Printed Name of Company Officer