



## CREDIT APPLICATION

PLEASE PRINT OR TYPE

LEGAL NAME		
HEAD OFFICE ADDRESS		
CITY	PROVINCE	POSTAL CODE
TEL (    )	FAX NO. (    )	

TRADE NAME		
INVOICE MAILING ADDRESS (IF DIFFERENT)		
CITY	PROVINCE	POSTAL CODE
TEL (    )	FAX NO. (    )	

### LEGAL ENTITY

<input type="checkbox"/> PERSONAL	<input type="checkbox"/> PROPRIETORSHIP OR PARTNERSHIP	<input type="checkbox"/> CORPORATION
SOCIAL INSURANCE NUMBER	NAME OF PRINCIPALS	PRESIDENT / OWNER
_____	_____	_____
DATE OF BIRTH ____ / ____ / _____		
(Above information required for credit verification only)		
<b>I PERSONALLY GUARANTEE PAYMENT OF THIS ACCOUNT</b>		

HOW LONG HAS THIS BUSINESS OPERATED UNDER PRESENT NAME AND OWNERSHIP? \_\_\_\_\_

TYPE OF BUSINESS AND/OR PRODUCTS SOLD \_\_\_\_\_

BANK NAME	LIMIT OF BANK LOAN \$
ADDRESS	TYPE OF SECURITY
TELEPHONE	FAX
OTHER LOANS & SECURITY	

REFERENCES		
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE

LINE OF CREDIT REQUESTED	ANTICIPATED ANNUAL PURCHASES \$
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GST STATUS:    TAXABLE (YES)     EXEMPT (GST NO. \_\_\_\_\_ )

THE UNDERSIGNED ON BEHALF OF THE APPLICANT CONSENTS TO HAVING A CREDIT INVESTIGATION PERFORMED IN CONNECTION WITH THIS CREDIT APPLICATION OR RENEWAL OR EXTENSION THEREOF AND TO DISCLOSE CREDIT INFORMATION CONCERNING THE APPLICANT TO ANY CREDIT REPORTING AGENCY OR SIMILAR PARTIES. IF CREDIT IS APPROVED I/WE AGREE TO ABIDE BY THE TERMS OF SALE AS EXTENDED. VALLEY PRINTERS '79 LTD. RESERVES THE RIGHT. TO WITHDRAW OR AMEND ANY CREDIT ARRANGEMENT, AND TO APPLY INTEREST ON OVERDUE ACCOUNTS AT THE CURRENT RATE

AUTHORIZED SIGNATURE(S)	TITLE	DATE ____ / ____ / _____
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