

APPLICATION FOR CREDIT

APPLICANT INFORMATION

Business Name: Billing Address : Province: A/P Contact: Telephone #: Fax #: E-Mail:	Owner/President: City: Postal Code: Annual Sales: # of Employees: Credit Requested:
Years in Business: HST ID#: Company Structure:	

BANKING INFORMATION

Bank Name: Street Address: Province: Telephone #: Contact Name:	City: Postal Code: Fax: Account #:
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TRADE REFERENCES

Name of Company: Address: Website:	Contact Name: E-Mail: Phone #:
Name of Company: Address: Website:	Contact Name: E-Mail: Phone #:
Name of Company: Address: Website:	Contact Name: E-Mail: Phone #:

The customer acknowledges that Colbeck & Clarke Inc. will obtain credit information about the customer from the customer's bank, the trade references set out above, any credit bureaus or any other person we deem necessary to do a proper credit investigation. The customer by his or her signature hereunder authorizes us to seek, obtain and use any and all such information and hereby authorizes release of such information as requested to complete its credit investigation. The customer also authorizes Colbeck & Clarke to provide credit references regarding the customer to others upon request.

Credit terms are NET 30 days from the date of invoicing, unless otherwise agreed. Interest will be charged at a rate of 1.5% per month on outstanding amounts over 30 days. If my account is referred to collection, I agree to pay all billing and collection costs and a reasonable attorney's fee. All the above is true and the terms are accepted.

_____ Authorized Signature	_____ Title (please print)
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****Credit Application must be signed and dated by an officer of the company in order to be valid****

_____ Name (please print)	_____ Date
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Please forward the complete application to:
 Colbeck & Clarke Inc.
 7-3405 American Drive
 Mississauga, ON, L4V 1T4
E-Mail: accounting@colbeck-clarke.com

For Office Use Only:

Application Approved : _____ Date: _____

Credit Officer Signature: _____