



BUSINESS CREDIT APPLICATION

Name/Address

Last: Middle Initial:	First:	Title
Company Name:		Tax I.D. Number
Address:		
City: Phone:	Province:	Postal Code:

Company Information

Type of Business:	In
Business Since:	
Legal Form Under Which Business Operates:	
State/Province/Country:	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>
Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In
Business Since:	
Name of Company Principal Responsible for Business Transactions:	
Title:	
Address:	City: Province: Postal:
Phone:	
Name of Company Principal Responsible for Business Transactions:	
Title:	
Address:	City: Province: Postal:
Phone:	

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	
Address:	Address:	Address:
Contact Person :	Contact Person :	Contact Person :
Phone:	Phone:	Phone:

Trade References

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:



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Credit Card Information

VISA _____	Amount of Credit Requested:
MC _____	
EXPIRY _____	
Card Holder Name _____	
Card Holder Address _____	
Have you or your officers or affiliates ever filed a petition in bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your company subject to any litigation? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe: _____	

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

CWLL requests to have a credit card on file with the permission to use it when the account reaches a 45-day overdue payment period. CWLL is not responsible for 3rd party overdue accounts. Do you agree to these terms YES_____ NO_____

I have read the terms and conditions stated below and agree to all of those terms and conditions.

Company Name: _____

Authorised Signature: _____

Title: _____

Printed Name: _____