CREDIT APPLICATION

Company Name			
Address			
Prov/State	**City**	**Post/Zip**	
Telephone	**Fax**		
Billing to Attention of			
Check Appropriate	**( ) Sole Owner**	**( ) Partnership**	**( ) Corporation**
Type of Business			
Length of Time in Business			
Company Owners, Partners, or Officers			
Persons Requiring Signing Privileges			
Name	**Title**	**Signature**	
Name	**Title**	**Signature**	
Name	**Title**	**Signature**	
Credit Card Name	**#:**	**Exp:**	
Name of Card Holder			
Company Bank			
Address			
Type of Account	**#:**		
Trade References			
Company Name			
Address			
Telephone	**Fax:**		
Company Name			
Address			
Telephone	**Fax:**		
Company Name			
Address			
Telephone	**Fax:**		

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon receipt of statement or as otherwise expressly agreed. Accounts not paid within 21 days of the statement date will be charged 2% per month and may result in the cancellation of privileges.

_____ _____

Date **Authorized Signature**

_____ _____

Credit Limit **Approval**