

CREDIT APPLICATION

APPLICANT INFORMATION		
Company Name:		
Address:		
City:	Prov/State:	Postal/ZIP Code:
Type of business: Corporation Proprietorship Partnership		
Been in business since:		Number of employees:
Phone:	Fax:	Email:
HST #:		Amount of monthly credit required:
Address information of Accounts Payable dept. (If different from above)		
Address:		
City:	Prov/State:	Postal/ZIP Code:
E-mail:		
BANK INFORMATION		
Bank:		
Address:		Account no:
Phone:	Fax:	Email:
CREDIT REFERENCES		
Company:		
Address:		
Contact:		
Phone:	Fax:	Email:
Company:		
Address:		
Contact:		
Phone:	Fax:	Email:
Company:		
Address:		
Contact:		
Phone:	Fax:	Email:
APPLICATION INFORMATION CONTINUED		
The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entity: techniCAL Systems 2002 Inc., (hereinafter, known as techniCAL) and its representatives, to verify my credit, financial, and personal information. I also agree to pay techniCAL as per the terms negotiated at time of purchase. Note: Service charge of 2% per month (26.82%) per annum on overdue accounts.		
Signature of applicant		Date
INTERNAL PURPOSES ONLY		
Notes:		Limit:
Approved: Yes No		
Signature		Date