



CAD CLIENT CREDIT APPLICATION

BUSINESS IS A : CORPORATION LLC PARTNERSHIP PROPRIETORSHIP

LEGAL BUSINESS NAME: _____

BILLING ADDRESS: _____
CIVIC NUMBER STREET NAME CITY PROVINCE POSTAL CODE

SHIPPING ADDRESS: _____
CIVIC NUMBER STREET NAME CITY PROVINCE POSTAL CODE

TELEPHONE: _____ FAX: _____

EMAIL: _____ FEDERAL ID _____

WEB SITE: _____ QST # _____

YEAR STARTED: _____ STATE OF INC: _____ GST/ HST # _____

ARE YOU A : SUBSIDIARY DIVISION (check applicable)

PARENT COMPANY NAME: _____

ADDRESS: _____
CIVIC NUMBER STREET NAME CITY PROVINCE POSTAL CODE

A/P CONTACT NAME: _____ A/P EMAIL: _____

A/P TELEPHONE: _____ ORDER EMAIL: _____

ESTIMATED YEARLY PURCHASES: _____

TERMS REQUESTED: COD CREDIT CARD NET TERMS CREDIT REQUEST

BANK REFERENCES

INSTITUTION NAME _____

CHECKING ACCOUNT # _____

ADDRESS: _____
CIVIC NUMBER STREET NAME CITY PROVINCE POSTAL CODE

TELEPHONE: _____

FAX: _____

TRADE REFERENCES

REFERENCE #1

COMPANY NAME _____

CONTACT NAME _____

ADDRESS: _____
CIVIC NUMBER STREET NAME CITY PROVINCE POSTAL CODE

ACCOUNT OPENED SINCE: _____

CREDIT LIMIT: _____

CURRENT BALANCE: _____

REFERENCE #2

COMPANY NAME _____

CONTACT NAME _____

ADDRESS: _____
CIVIC NUMBER STREET NAME CITY PROVINCE POSTAL CODE

ACCOUNT OPENED SINCE: _____

CREDIT LIMIT: _____

CURRENT BALANCE: _____

REFERENCE #3

COMPANY NAME _____

CONTACT NAME _____

ADDRESS: _____
CIVIC NUMBER STREET NAME CITY PROVINCE POSTAL CODE

ACCOUNT OPENED SINCE: _____

CREDIT LIMIT: _____

CURRENT BALANCE: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution listed in this credit application to release necessary information to Michael Tyler Collections in order to verify the information contain herein.

NAME IN PRINT _____

SIGNATURE _____

DATE