

CREDIT APPLICATION FOR A DEALER ACCOUNT

Business Contact Information

Title/Contact Name:

Legal Company Name:

Phone:

Fax:

Email:

Registered Company Address:

City:

Province:

Postal Code:

Date Business Commenced:

Sole Proprietorship:

Partnership:

Corporation:

Business and Credit Information

Primary Business Address:

City:

Province:

Postal Code:

How long at current address?

Phone:

Fax:

Email:

Banking Information

Bank Name:

Bank Address:

Phone:

City:

Province:

Postal Code:

Type of account (circle one)

Account Number:

Savings

Checking

Other

Business/Trade References

Company Name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Type of account:

Company Name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Type of account:

Company Name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice
2. Claims raisings from invoices must be made within seven business days
3. By submitting this application, you authorize ClairiTech Innovations to make inquiries into the banking and business/trade references that you have supplies.
4. Credit card may be required as security for your account.

SIGNATURES

Signature: _____

Signature: _____

Title: _____

Title: _____