

CREDIT APPLICATION FORM

BUSINESS GENERAL INFORMATION			
Business Trade Name		Number of years in Business	
Legal Business Name		<input type="checkbox"/> Sole Proprietorship	
Address and Suite		<input type="checkbox"/> Partnership	
City, Province, Postal Code		<input type="checkbox"/> Corporation	
General Phone Fax		Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> French
Shipping Address (If Different)			
Address and Suite			
City, Province, Postal Code			
Business Activity Field			
Preferred Billing Currency	<input type="checkbox"/> CAD <input type="checkbox"/> USD <input type="checkbox"/> Other _____	Tax Preference	<input type="checkbox"/> GST <input type="checkbox"/> QST <input type="checkbox"/> Exempt (Provide supporting document please)
BANK REFERENCE			
Bank Name		Account Contact	
Address		Email	
City, Province, Postal Code		Phone Fax	
Transit & Institution Numbers		Account Number	
BUSINESS / TRADE REFERENCES			
Company Name		Contact Name	
Email		Phone Fax	
Company Name		Contact Name	
Email		Phone Fax	
Company Name		Contact Name	
Email		Phone Fax	
CONTACT INFORMATION			
Purchasing Contact		Title	
Email		Phone	
Shipping / Receiving Contact		Title	
Email		Phone	
Accounts Payable Contact		Title	
Email		Phone	
Email for General Inquiries			
Email for Invoice Transmission			
Email for Invoice Payment Status			
AGREEMENT			
1. The customer agrees to payment terms of net 30 days.			<input type="checkbox"/>
2. Any unpaid balance at the due date is subject to a 2% per month (24% annually) interest charge.			<input type="checkbox"/>
3. By submitting this application, you authorize GKM Consultants Inc. to make inquiries with the banking and business/trade references that you provided.			<input type="checkbox"/>
SIGNATURE (BY AUTHORIZED PERSON)			
Signature			
Name Title		Date	