

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Title		Number of years in business	
Company Name		<input type="checkbox"/> Sole proprietorship	
Address		<input type="checkbox"/> Partnership	
City, Postal Code		<input type="checkbox"/> Corporation	
Phone Fax		Business Type	
Email			
BUSINESS AND CREDIT INFORMATION			
Bank Name		Account Contact	
Address		Email	
City, Province, Postal Code		Phone Fax	
Account Number		Transit Number	
BUSINESS/TRADE REFERENCES			
Company Name		Contact	
Email		Phone Fax	
Company Name		Contact	
Email		Phone Fax	
Company Name		Contact	
Email		Phone Fax	
CONTACTS			
Purchasing Manager		Phone	
E-mail		Fax	
Account Payables Manager		Phone	
E-mail		Fax	
AGREEMENT			

1. The customer agrees to payment terms net 30 days.
2. Any unpaid balance at the due date is subject to a 2% per month (24% annually) interest charge.
3. By submitting this application, you authorize GKM Consultants to make inquiries with the banking and business/trade references that you provided.

SIGNATURE (AUTHORIZED AGENT)		
Signature		
Name Title		Date