

CREDIT RELATIONSHIP APPLICATION FORM

Stayner Rental Limited
7685 County Road 91
P.O. Box 1090 Stayner, On. L0M 1S0
Phone: 705-428-0131 Fax: 705-428-0132
Email Address: staynerrental@bellnet.ca

Date: _____

Credit Limit Required: _____

THE INFORMATION FURNISHED BELOW WILL REMAIN CONFIDENTIAL AND BE USED SOLELY FOR CREDIT PURPOSES.

Name of Company: _____

Check one of the following: Corporation Partnership Proprietorship

Phone Number: (_____) _____ Fax Number: (_____) _____

Mailing Address: _____

Physical Address: _____

Email Address: _____

Name of Person Making Application: _____ Position: _____

Name(s) of Proprietor or Officers: 1. _____

2. _____

Accounts Payable Officer: _____ Phone: (_____) _____

Type of Business: _____ Year Established: _____

Purchase Orders Required: YES NO

TRADE REFERENCES

1. Name: _____ Phone: (_____) _____

Address: _____ How Long Dealing: _____

2. Name: _____ Phone: (_____) _____

Address: _____ How Long Dealing: _____

3. Name: _____ Phone: (_____) _____

Address: _____ How Long Dealing: _____

BANK REFERENCES

Bank/Branch: _____ Contact Name: _____

Phone: (_____) _____

I/we make application for open terms and certify that the information given for the purpose of opening this account is true. I/we authorize verification of the above facts and information arising from thereof.

Signature of Applicant