

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: _____

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

IF AN ACCOUNT IS ESTABLISHED PAYMENTS ARE DUE 30 DAYS FROM INVOICE DATE

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