



Confidential Credit Application & Agreement

Date: _____ Sales Rep: _____ Desired Credit Limit \$ _____

Legal Name:	_____	Phone:	_____
Trade Name:	_____	Fax:	_____
Business Address:	_____		
City:	_____	Province/State:	_____
		Postal/Zip Code:	_____
Mailing Address:	_____		
City:	_____	Province/State:	_____
		Postal/Zip Code:	_____
Type Of Business:	[] Proprietorship [] Partnership [] Corporation		
IF APPLICANT IS A SUBSIDIARY COMPANY, THE PARENT COMPANY IS:			
Legal Name :	_____	Phone:	_____

OFFICERS:			
President / Owners Name:	_____	Phone:	_____
DOB:	_____	Home:	_____
SIN:	_____	Cell:	_____
Home Address	_____		
Controller Name:	_____	Phone:	_____
A/P Manager Name:	_____	Phone:	_____
Name of Person Responsible for Payment of Our Account:	_____		
Line of Business:	_____	Yrs in Business:	_____
Number of Employees:	_____	Sales Volume/Yr:	_____
Estimated Net Worth :	\$ _____	Yrs at Present Address	_____
		Rent [] Own []	
ARE YOU WILLING TO PROVIDE A CURRENT FINANCIAL STATEMENT?	Yes []	No []	

BANK INFORMATION:

Bank: _____ Address or Branch: _____
 Bank Ph #: _____ Account Manager: _____
 Account #: _____ Line of Credit: _____ % Utilized _____
 ARE ASSETS PLEDGED? Yes [] No []

PLEASE LIST "SERVICE INDUSTRY" RELATED TRADE REFERENCES ONLY:

Name: _____ Phone _____ Contact _____
 Name: _____ Phone _____ Contact _____
 Name: _____ Phone _____ Contact _____

TERMS & CONDITIONS OF CREDIT

This is an Application and Agreement for Credit and shall apply to any and all Credit extended by Accutrac Capital Solutions Inc. The Credit Applicant understands and agrees to the following:

1. The applicant agrees to promptly notify Accutrac Capital Solutions Inc of any changes to the applicant's business name, address or chief place of business.
2. The information given in this Application & Agreement is warranted to be true and correct and is given for the purpose of obtaining credit.
3. The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for any renewal or extension thereof and to the disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has of proposes to have financial relations.
4. The undersigned certifies the above information to be true and affirms that any credit given is extended upon the basis of such information.

AUTHORIZED OFFICER/OWNER: _____ SIGNATURE: _____
 Please Print
 CO-APPLICANT: _____ SIGNATURE _____
 Please Print
 DATE: _____

For Credit Dept Use Only

Account Approved By: _____ Signature: _____
 Please Print
 Credit Limit: _____ Date: _____

Please fax completed Credit Application to:



ATTENTION CREDIT DEPARTMENT
FAX: (866) 531-2651