



## MASTER CREDIT AGREEMENT

CLIENT ID NUMBER:		DATE:	
<b>COMPANY INFORMATION:</b>			
BUSINESS NAME		D & B NUMBER	
PHYSICAL ADDRESS			
MAILING ADDRESS			
CITY	PROV./STATE	POSTAL OR ZIP	
PHONE: (    )	FAX: (    )		
NATURE OF BUSINESS			
NAME(S) OF OWNERS/DIRECTORS 1)			
2)			
3)			
GST NO.	RT0001	IMPORTER NO.	RM0001
LENGTH OF TIME IN BUSINESS (YEARS)		REQUESTED CREDIT \$	
GROSS ANNUAL REVENUE \$			

<b>BANK REFERENCE:</b>	
BANK	ACCOUNT NUMBER
CONTACT	ACCOUNT TYPE
ADDRESS	

<b>TRADE REFERENCES:</b> List three businesses that are currently supplying you with a credit of more than \$1,000.00 (PLEASE COMPLETE EVERY FIELD)	
NAME	CONTACT NAME
ADDRESS	PHONE
	FAX
NAME	CONTACT NAME
ADDRESS	PHONE
	FAX
NAME	CONTACT NAME
ADDRESS	PHONE
	FAX

I/We understand that the credit terms are net 7 days from date of invoice and are subject to 2% per month, 24% per annum on overdue accounts

COMPANY \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

NAME OF AUTHORIZED PERSON \_\_\_\_\_

EXPERT REPRESENTATIVE \_\_\_\_\_

Corporate Head Office 2595 Inkster Boulevard Winnipeg, Manitoba, CANADA, R3C 2E6 Phone 204 633 1200 or 800 818 5714 Fax 204 697 9749 or 888 849 0031