

Credit Application

158 Elgin Street, Sudbury, ON P3E 3N5

Tel: (705) 673-5667

Fax: (705) 673-4652

www.northernlife.ca

Company Name: _____

Business Address: _____

Billing Address (if different): _____

Business Telephone: _____ Business Fax: _____

Type of Business: _____

Year Established: _____ Year Incorporated: _____

Type of Ownership/Corporation: _____

Partnership: _____ Individual: _____

Name(s) of Proprietor/Partner, if corporation President/Treasurer:

Name: _____ Social Insurance Number: _____

Residence: _____ Phone Number: _____

Name: _____ Social Insurance Number: _____

Residence: _____ Phone Number: _____

Individual to contact regarding payment: _____

Individual to be ordering advertising: _____

Business/Banking Information:

Name of Bank: _____ Branch #: _____

Address: _____ Account type & No. _____

Corporate or Individual Credit Card #: _____

Expiry Date: _____

Business/Trade References/Advertising Media with which you have established credit:

1. _____ Tel. & Fax #: _____

2. _____ Tel. & Fax #: _____

3. _____ Tel. & Fax #: _____

I understand that all charges on my account are due upon receipt of invoice. I agree to allow the Northern Life to charge my above Credit Card Number should my account go over 90 days old. I also agree to pay all court costs and collection costs, including reasonable Attorney's fees, in the event of default. In order to induce Northern Life to extend credit to the above mentioned company, I hereby personally guarantee to pay any balance due to Northern Life.

Name of Company: _____ By: _____

Date: _____ Witnessed by: _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

FOR OFFICE USE ONLY:

Salesperson: _____

Date Received by Accounting: _____