



Credit Application Form

Company Name: _____

Phone (____) _____ Fax (____) _____

Address _____ For Past ____ Years

City _____ Province/State _____

Postal Code/Zip _____ Date Founded: _____

Credit Requested \$ _____

Type of Business _____

Invoices e-mailed to _____

Billing backup required No _____ Yes _____ If yes please state _____

GST Number _____ Federal Tax ID# _____

Ownership

Sole Proprietorship Partnership Corporation

PRINCIPAL: _____

(NAME) (TITLE)

PRINCIPAL: _____

(NAME) (TITLE)

PRINCIPAL: _____

(NAME) (TITLE)

Trade References

Company: _____ Fax: _____ Tel: _____

Company: _____ Fax: _____ Tel: _____

Company: _____ Fax: _____ Tel: _____



Banking Information

Bank Name: _____

Address: _____

Contact Person: _____ **Title** _____

Account Number: _____

Telephone: _____ **Fax** _____

Has the firm or any of its principals ever been Bankrupt? YES NO
If yes, explain _____

The undersigned applicant certifies that all information submitted herein is complete and accurate and authorizes Benchmark Trade Solutions to:

- Request information about your firm from trade references, your bank and credit reporting agencies

In consideration for the extension of credit, said business promises to pay within the terms agreed Net 30 and agrees to pay a service charge per month of 1.5 % per month on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection cost, including attorney fees, whether or not litigation has commenced, and all cost of litigation incurred. The undersigned represents that he/she has the authority to execute agreement on behalf of the business identified.

(Name of Business) (Date)

(Print Name) (Title) (Signature)

CREDIT DEPARTMENT USE ONLY

Line Of Credit Approved - Denied Amount \$ _____

Comments: _____