



CLIENT CREDIT APPLICATION & AGREEMENT FORM

Amount of Credit Requested:

Legal Name of Business:		Trade Name (If different):		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Date registered or incorporated:		
Business Address:				How Long?
City:		Province/State:		Postal Code
Business Phone:	Fax Number:	Email:	Website:	
# of locations or branches:	# of employees:	Nature of Business:		Annual Sales: \$
Name of Principal Shareholder / Owner of Business:		Name of President if Incorporated:		
Accounts Payable Contact:	Telephone Number: Extension:	Fax:	Email:	

YOUR BANKING INSTITUTION

Bank:			How long at this bank?
Address:			
City	Province/State	Postal Code	
Account Number (Mandatory):	Account Manager:	Telephone Number:	

PERSONAL DATA ON PRINCIPAL/OWNER OF BUSINESS

Name of Principal/Owner/Operator:		Social Insurance Number:	Date of Birth: MM/ DD/ YYYY
Residential Address:			
City/Town	Province/State	Postal Code	
Home Telephone:			Rent <input type="checkbox"/> Own <input type="checkbox"/>
Former Address:			
City/Town	Province/State	Postal Code	

YOUR SUPPLIERS

Name		Address		
City/Town		Province/State		Postal Code
Name of Contact	Telephone	Fax	Email	

Name		Address		
City/Town		Province/State		Postal Code
Name of Contact	Telephone	Fax	Email	

Name		Address		
City/Town		Province/State		Postal Code
Name of Contact	Telephone	Fax	Email	

By signing below, I authorize Summit International Trade Services Inc. and/or its agent, Canadian Credit Corporation, to contact any credit references given, including banks, financial institutes to release and exchange such credit, banking and financial information as may be necessary to determine credit standing. I also grant permission to the trade and bank references listed above to impart financial information requested by Summit International Trade Services Inc. and/or their agent, Canadian Credit Corporation, in the course of regular credit investigations. As the principal/owner/operator referred to herein I take notice that reports will be sought containing personal information, financial information and credit information and I consent to the receipt, disclosure, and exchange of such information to other business-related parties, agents, and consumer reporting agencies. As the undersigned I hereby agree that subsequent credit information may be obtained throughout the duration of the business relationship and consent to the release of said information. I certify that the above information is true and correct, I also certify that I am authorized to bind the company and agree to pay invoices in full 21 days from date of invoice. In addition, I accept that there is an interest charge of 2% per month or 24% per annum on any balance outstanding over 21 days.

AGREEMENT: I have read and understand the terms & conditions. I also understand that Summit International Trade Services Inc. can change its policy and can cancel credit support service at any time.

Authorized Signature for Applicant:		Date Signed:	
Name of Person who signed this application:	Title/Position:	Telephone:	

Please fill out the form completely and email to:
clientservices@summitcb.com or fax to: 604.278.3291 — **Attention: New Accounts**

IMPORTANT: Incomplete information will delay processing of your credit application.