



CREDIT APPLICATION

Business Name _____	
Owner _____	A/P Contact _____
Billing Address _____ City _____	
Province/State _____	Postal Code _____
Phone # _____	Fax # _____
Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
P.S.T. # _____	GST # _____
Years in Business _____	
Estimated Credit Req'd _____ \$	
Company Bank _____	
Address _____ City _____	
Province/State _____	Postal Code _____
Phone # _____	Fax # _____
Account number _____	Contact _____
<b>Trade References</b>	
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Supplier Name _____	
Address _____ City _____	
Province/State _____	Postal Code _____
Phone # _____	Fax # _____
-----	
Supplier Name _____	
Address _____ City _____	
Province/State _____	Postal Code _____
Phone # _____	Fax # _____
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Supplier Name _____	
Address _____ City _____	
Province/State _____	Postal Code _____
Phone # _____	Fax # _____

I hereby authorize Jendan Inc. to contact the above named companies.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_