

CONFIDENTIAL CREDIT APPLICATION

PLEASE PRINT CLEARLY.



1951 Mattawa Avenue
Mississauga, Ontario L4X 1K8
Tel. 905-949-1428 • Fax 905-949-8732

DATE _____

COMPANY NAME		TELEPHONE	FAX
STREET ADDRESS		CITY	PROVINCE
STREET ADDRESS		POSTAL CODE	
EMAIL		TYPE OF BUSINESS: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	
NATURE OF BUSINESS		HOW LONG ESTABLISHED	
DIVISION OR AFFILIATE OF: NAME		ADDRESS	CITY
DIVISION OR AFFILIATE OF: NAME		ADDRESS	PROV.
NAME(S) OF PRINCIPAL(S)		ADDRESS	POSITION
BANK		BRANCH	TELEPHONE
IF ONE YEAR OR LESS, FORMER BANK		BRANCH	FAX
LIST THREE (3) DIRECT SUPPLIERS		ADDRESS	TELEPHONE & FAX
			T:
			F:
			T:
			F:
			T:
			F:

The undersigned hereby consents to Envelopes Unlimited Inc. conducting personal and corporate investigations of the undersigned including credit searches, and authorizes and directs its financial institution, credit bureaus, or other agents to release banking and credit information, as it may from time to time deem necessary with respect to Envelopes Unlimited Inc. granting credit to the undersigned.

The undersigned further agrees to pay interest at the rate of 2% per month (18% per annum) on any past due balance beyond the terms of net 30 days from date of invoice.

The undersigned agrees that legal fees will be calculated on a substantial indemnity basis.

The undersigned, in consideration of Envelopes Unlimited Inc. agreeing to supply product and services to:

(Business Name) _____ hereby personally guarantees payment of all accounts rendered by Envelopes Unlimited Inc.

NAME _____ DRIVER'S LICENSE _____
(if Nature of Business is sole proprietorship or partnership)

ADDRESS _____

DATE _____ AUTHORIZED SIGNATURE _____