



CREDIT APPLICATION

| BUSINESS CONTACT INFORMATION | | | |
|--|--|--|--|
| Title | | Date business commenced | |
| Company name | | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other | |
| Phone Fax | | | |
| E-mail | | | |
| Address | | | |
| BUSINESS AND CREDIT INFORMATION | | | |
| Bank Name | | | |
| Bank Address | | Bank Contact | |
| Phone | | Phone | |
| Fax | | Account number | |
| BUSINESS/TRADE REFERENCES | | | |
| Company name | | Phone | |
| Address | | Fax | |
| | | E-mail | |
| Company name | | Phone | |
| Address | | Fax | |
| | | E-mail | |
| Company name | | Phone | |
| Address | | Fax | |
| | | E-mail | |
| AGREEMENT | | | |
| 1. All invoices are to be paid 15 days from the date of the invoice. 2. By submitting this application, you authorize J C Consulting to make inquiries into the banking and business/trade references that you have supplied. | | | |
| SIGNATURES | | | |
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |



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