

ABS Agencies Inc.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

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			
Registered company address City, Province, Postal Code			

BUSINESS AND CREDIT INFORMATION

City, Province, Postal Code		Bank name:	
How long at current address?		Primary business address City, Province, Postal Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/SUPPLIER REFERENCES

Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Type of account		Contact	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Type of account		Contact	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Type of account		Contact	

AGREEMENT

- All invoices are to be paid 15 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize ABS Agencies Inc. to make inquiries into the banking and business/supplier references that you have supplied.

SIGNATURES

Signature of authorized officer		Signature of authorized officer	
Name and Title		Name and Title	
Date		Date	