



CREDIT APPLICATION FOR NEW CUSTOMERS

CUSTOMER BILLING INFORMATION

Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Province:	Code:	
Number of Years in Business:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Registration #:		VAT #:	

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	Province:	Code:	
How long at current address?		Building owned / leased?	
Telephone:	Fax:	E-mail:	
Credit Limit Required:			
Estimated monthly spend:		Estimated Annual Turnover:	
Bank name:	Branch Code:	Acct Number:	
Accounts Contact:		Contact #:	
Accounts E-mail:			
Auditors:		Auditors Contact #:	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	Province:	Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	Province:	Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	Province:	Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice unless otherwise specified.
 - A finance charge of 1.5% will be charged for balances 15 days past due.
2. By submitting this application, you authorize Sanika CC to make inquiries into the banking / business trade references that you have supplied, as well as periodic credit checks
3. Faxed application is deemed to be original. No oral agreements or modifications will be accepted.
4. Sanika CC reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by Sanika CC to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.
5. Signature below is an acceptance of terms and conditions set forth in this agreement and certification that information on this form is correct.

SIGNATURES

Title: Printed Name: Date:	Title: Printed Name: Date:
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GUARANTEE

I, the undersigned do personally guarantee payment to Sanika CC for previous, present, and future charges to the above business or corporation, hereinafter called the Customer, which shall include orders placed by an officer, employee or agent of the Customer. I also agree to pay all costs of collection including reasonable attorney's fees in the event of default of payment by the Customer of the Guarantor.

This guarantee shall remain in effect until revoked by the Guarantor by written notification to Sanika CC by registered mail, or certified mail, return receipt requested.

The application and guarantee are subject to approval by the credit department of Sanika.

Guarantor Name: _____

Guarantor Title: _____

Signature: _____

ID # _____

Date: _____

Witness Name: _____

Signature: _____

ID # _____

Date: _____

Witness Name: _____

Signature: _____

ID # _____

Date: _____