

RUSTIQUE

112 King Street West, Suite 2150
Toronto, Ontario M5H 3T9

Office Use Only:
Terms Approved:
Credit Limit:
By:
Date:
Comments:

Credit Application - Please Fill in all Areas Clearly

Company name	
Operating Name (if different from above)	
Buyer Contact:	Accounts Payable Contact:
Address:	
Phone:	Fax:
Type of business	No. of employees
Date business established	

Terms and Amount of credit requested \$

Are you a:

CORPORATION PARTNERSHIP SOLE OWNER

Are you sales tax exempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had credit with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, under what name?		

Purchase order required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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TRADE REFERENCES

Reference #1	Name:	
	Address:	
	Phone:	Fax:

Reference #2	Name:	
	Address:	
	Phone:	Fax:

Reference #3	Name:	
	Address:	
	Phone:	Fax:

BANK REFERENCES

Bank #1	Account #
	Phone:
	Contact Person:
	Bank Name:
	Bank Address:

Bank #2	Account #
	Phone:
	Contact Person:
	Bank Name:
	Bank Address:

I represent that the above information is true and is given to induce Rustique Home Furnishings Inc. to extend credit to the applicant. My company and I authorize Rustique Home Furnishings Inc. to make such credit investigation as Rustique Home Furnishings Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Rustique Home Furnishings Inc. any and all information concerning the financial and credit history of my company and myself.

Authorized signature:

Printed name:

Title:

Date: