

WANGLO ENTERPRISES (CANADA) LTD.

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CREDIT APPLICATION FORM

COMPANY:		
TRADE NAME:		
ADDRESS:		
TEL: ()	FAX: ()	
SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION	YEARS IN BUSINESS: NO. OF EMPLOYEES:	
PRESIDENT'S NAME:	TEL: ()	
HOME ADDRESS:	OWN □ RENT □	
PRINCIPAL'S NAME:	TEL: ()	
HOME ADDRESS:	OWN RENT	
PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE:	TEL: ()	
COMPANY BANK:	ACCOUNT NUMBER:	
BANK ADDRESS:		
MANAGER'S NAME:	TEL: ()	

MAJOR SUPPLIERS					
NAME:	TEL: ()	FAX: ()	
ADDRESS:					
NAME:	TEL: ()	FAX: ()	
ADDRESS:					
NAME:	TEL: ()	FAX: ()	
ADDRESS:					

We certify the above information is true. We do hereby authorize you to check our credit. We acknowledge and agree to abide by the payment terms of net 30 days, overdue balance at the rate of 1.5% per month (18% per annum), and to pay legal fees plus other costs and expenses which may be incurred by Wanglo in the collection of my account. Our company agrees to be responsible for the payment of the above account forever until we notify you in writing by registered mail.

NAME:	_ TITLE:	SIGNATURE:
CREDIT LINE REQUESTED: \$		_ DATE:
	FOR OFFICE USE ONLY	
APPROVED BY :	CREDIT LIMIT : \$	TERM :
SALESMAN :		DATE :