



#10, 6874-52 Avenue Red Deer AB T4N 4L1
Ph: 403-348-TEST(8378) | TF: 1-888-750-5227 | Fax: 403-356-2952

CREDIT APPLICATION

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

THIS FORM TO BE FILLED IN, SIGNED BY AUTHORIZED PERSONNEL AND MAILED TO ADDRESS ABOVE.

DATE: _____ (yy/mm/dd) Central Labs contact: _____

COMPANY NAME:	Partnership <input type="checkbox"/>	Limited Company <input type="checkbox"/>
Names of Principal Officers:	Single <input type="checkbox"/>	Public Company <input type="checkbox"/>
President:	Ownership	
Mailing Address:	E-mail address of Accounts Payable:	
City: _____ Province: _____ Postal Code: _____	Phone Number: _____	
	Fax Number: _____	

CREDIT REFERENCES

<u>NAME & ADDRESS</u>	
1.	_____ _____ Telephone: _____ Fax: _____
2.	_____ _____ Telephone: _____ Fax: _____
3.	_____ _____ Telephone: _____ Fax: _____

BANKING INFORMATION

<u>BANK NAME & ADDRESS</u>	Name of Manager: _____
_____	_____
_____	Telephone: _____

Is your firm a new business? Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of business: _____
Amount of credit required per month: \$ _____
Are Purchase Orders required? Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicants signature authorizes the verification of information provided above as well as all other credit information available to Central Labs. Upon credit approval the applicant agrees to pay Central Labs' invoices on terms of net 30 days.
Service Charges of 2% per month (24% per annum will be charged on overdue accounts).

SIGNED: _____ TITLE: _____ DATE: _____

PRINT THE NAME OF PERSON SIGNING: _____