

CREDIT APPLICATION FORM

BUSINESS PROFILE

Co Name: _____ Co Telephone # _____

Co Address: _____

City: _____ Province: _____ Postal Code: _____

Co Email: _____ Co Website _____

Date Business Registered/incorporated _____

BANK REFERENCES

Name of Bank: _____ Account #: _____

Bank Address: _____ City: _____ Postal Code: _____

COMPANY CREDIT CARD PERSONAL CREDIT CARD

Visa M/C Amex Name on Credit Card: _____

Credit Card No: _____

Expiry Date: _____ Security Code (CVV) #: _____

Issuing Bank: _____ Signature: _____

Any invoices that are outstanding after 30 days from the date of the invoice will be charged to your credit card above. AP Contact Name: _____
AP Email: _____ AP Phone # _____

REFERENCES

1. Name: _____ Contact: _____ Phone # _____

Address: _____ City/Prov: _____ Email: _____

2. Name: _____ Contact: _____ Phone # _____

Address: _____ City/Prov: _____ Email: _____

Email completed form to ar@colourtech.com