



# Business Credit Application



## Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax ID #:
Business Address:			
City:	Province/State:	Postal/ZIP:	Phone:

## Company Information

Type of Business:	In Business Since:	Annual Revenue:
Legal Form Under Which Business Operates:		
Corporation	Partnership	Proprietorship
If Division/Subsidiary, Name of Parent Company:	In Business Since:	
Name of Company Principal Responsible for Business Transactions if Different from Applicant:		Title:
Address:	City:	State: ZIP: Phone:
Name of 2 <sup>nd</sup> Company Principal Responsible for Business Transactions:		Title:
Address:	City:	State: ZIP: Phone:

## Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

## Trade References - Who do you do business with - Please list at least 1

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Would you describe your Personal or Business credit as: **FAIR** \_\_ **AVERAGE** \_\_ **VERY GOOD** \_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize Express Capital | Capital Credit Canada and its subsidiaries to release necessary information to the company(s) for which credit is being applied in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date