

Bethel International

43 Riviera Drive, Unit 1, Markham, Ontario, L3R 5J6 Canada Tel: 905-477-6155 Fax: 905-477-6265

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Legal Name of Business		Years in Business	
Trade Name (if any)		GST/HST/IRS/EIN Number:	
Phone Number		Registered company address City, Province (State), Postal (ZIP) Code	
Fax Number			
E-mail Address			
Type of Business: Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			

BUSINESS AND CREDIT INFORMATION

Contact Person		Bank name:	
Designation		Bank branch address, City, Province (State), Postal (ZIP) Code	
Phone Number			
Fax Number		Phone	
E-mail Address		Account number	
Alternate Contact		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Street Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Street Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Street Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

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AGREEMENT

1. By submitting this application, I authorize BETHEL INTERNATIONAL to make inquiries into the banking and business/trade references that you have supplied.
2. All invoices are to be paid 30 days from the date of the invoice.
3. Claims arising from invoices must be made within three working days.
4. In the event that payment is not received by the 35th day from Invoice date, I hereby authorize Bethel International to charge the total amount on the Invoice to my Business/Personal Credit Card details given below,

Name on the Card		Expiration Date	
Credit Card Number		Security Code (if needed)	

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	