



CREDIT APPLICATION

Company Name: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Contact Person for Accounts Payable: _____

Years in Operation: _____

Bank: _____ Contact name: _____

Telephone: (____) _____ - _____

REFERENCES:

Company: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Contact Person for References: _____

Company: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Contact Person for References: _____

RETURN TO JOEY PRIEUR @ FAX NUMBER: (613) 932-1304

or email to jprieur@seawayexpress.ca