

BasketBelle

EVERYDAY IS A GIFT

CREDIT APPLICATION

Legal Business Name: _____
Billing Address: _____ _____
Telephone: _____ Fax: _____
Type of Business: _____
Date Established: _____ HST#: _____

Full Name and Title of Owner(s) or Principal Officers:
Name: _____ Telephone: _____
Email: _____
Name: _____ Telephone: _____
Email: _____

Accounts Payable Contact: _____
Telephone: _____
Email: _____

Name of Bank: _____
Address: _____ _____
Account #: _____ Contact Name: _____
Credit Requested: _____ Telephone: _____

References:
1) Name: _____ Contact: _____ Telephone: _____
2) Name: _____ Contact: _____ Telephone: _____
3) Name: _____ Contact: _____ Telephone: _____

I (we) hereby certify that the information above is correct and authorize BasketBelle Inc, to obtain credit reports or any information deemed necessary concerning this application. I (we) agree that a service charge will be applied on any past due accounts at a rate of 2% per month (24% per annum). I (we) understand and agree to the credit term of sale as stated on each invoice.

Signature: _____ Date: _____

Printed Name: _____ Title: _____