

CREDIT APPLICATION

Legal name of the company: _____

Address: _____

City, Province, Postal code: _____

Telephone N°: _____ Fax N°: _____

Type of business: _____ Established since: _____

GST / HST: _____ PST N°: _____

Purchaser / Resp.: _____ PO required: Yes No

Acc. payables / Resp.: _____ Credit limit required: _____

Financial Institution

Name of institution: _____

Address: _____

City, Province, Postal code: _____

Account #: _____ Transit #: _____ Contact: _____

Telephone N°: _____ Fax N°: _____

Complete name of owners, associates and / or managers

Legal form: Corporation Association Owner

Name, surname: _____ Position: _____

Name, surname: _____ Position: _____

Name, surname: _____ Position: _____

| Business reference | City, Province | Telephone N° | Fax N° |
|--------------------|----------------|--------------|--------|
| | | | |
| | | | |
| | | | |

Name: _____ Title: _____

Signature: _____ Date: _____

We authorize Servitek Fenestration inc. to conduct a credit investigation and also authorize all agencies to provide them with all pertinent information.

Initials: