



APPLICATION FOR CREDIT

(Please complete fully. Failure to do so may delay processing.)

FULL LEGAL COMPANY NAME: _____

FULL MAILING ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____ NO. YEARS IN BUSINESS: _____

WSIB Account # (or equivalent): _____

OWNER'S NAME	HOME ADDRESS	HOME PHONE
_____	_____	_____
_____	_____	_____

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE: _____ **PHONE:** _____

BANKING INFORMATION:

NAME & BRANCH: _____ ACCOUNT NO.: _____

FULL ADDRESS: _____

MANAGER NAME: _____ PHONE NO.: _____

CREDIT REFERENCES:

Please supply the names, full addresses, telephone and fax numbers of two (2) suppliers where you have open account privileges. DO NOT supply credit card or finance companies as references.

REFERENCES:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____

CREDIT INVESTIGATION AUTHORIZATION

- I hereby agree that, to the best of my knowledge, all information given above is true and complete.
- I hereby authorize Legalett Canada Inc. to contact any credit references given above, and for said references to provide such information as is requested.
- I hereby authorize Legalett Canada Inc. to request, now and in the future, any and all bank information in regard to financial status, and for the bank to provide such information as is requested.
- I understand that, should credit privileges be granted, all payments are due as per stated terms. A 2% monthly service charge may be applied to overdue accounts.

_____	_____	_____
AUTHORIZED NAME	SIGNATURE	DATE