

CREDIT APPLICATION FORM

*PLEASE RETURN COMPLETED TO FINANCE@NORTHERNEP.CA

Credit Requested: _____

CUSTOMER INFORMATION

| | | | |
|--------------------|----------|------------------------|---------------------|
| Company Legal Name | | Company Operating Name | |
| Business Address | | City | Postal Code |
| Phone Number | Website | Years in Business | Number of Employees |
| Owner/Director | Title | Office | Cell |
| Owner/Director | Title | Office | Cell |
| AP Contact | AP Email | AP Phone Number | |

BANK INFORMATION

| | | |
|--------------------|----------------|----------------|
| Name of Bank | Phone | Fax |
| Address | | |
| Institution Number | Transit Number | Account Number |
| Contact Person | Phone | Email |

TRADE REFERENCES

| | | | |
|--------------|---------|-------|-------|
| Company Name | Contact | Phone | Email |
| Company Name | Contact | Phone | Email |
| Company Name | Contact | Phone | Email |

I hereby authorize the Company listed above to run a credit check and verify my credit information.

Authorized Signature

Name

Date

Legendary Customer Service