

CREDIT APPLICATION FORM

Fax the completed form to 905-363-0210 or Email: ar@colourtech.com

BUSINESS PROFILE

Co Name: _____ Co Telephone # _____

Co Address: _____

City: _____ Province: _____ Postal Code: _____

Date Business Registered/incorporated _____

BANK REFERENCES

Name of Bank: _____ Account #: _____

Bank Address: _____ City: _____ Postal Code: _____

Bank Contact Person: _____

COMPANY CREDIT CARD

Visa M/C Amex Credit Card # _____ Expiry Date: ____/____

Issuing Bank: _____ Signature: _____

Any invoices that are outstanding after 30 days from the date of the invoice will be charged to your company credit card.

TRADE REFERENCES

1. Name: _____ Contact: _____ Phone # _____

Address: _____ City/Prov: _____ Email: _____

2. Name: _____ Contact: _____ Phone # _____

Address: _____ City/Prov: _____ Email: _____

3. Name: _____ Contact: _____ Phone # _____

Address: _____ City/Prov: _____ Email: _____

I certify that all of the information given by me in this application is true and complete. I authorize Colour Tech Marketing to make all necessary investigations with all relevant information provided. I approve the disclosure of any information concerning the undersigned to any credit privileges granted to us. I believe our company is financially able to meet any commitments made and agree to pay promptly in accordance with the payment terms indicated on Colour Tech Marketing invoices. I understand that any false information given in this application may result in rejection of the application or immediate demand for full payment of outstanding invoices with any interest accrued thereon, or at any future date include a service charge for late payment or collection and attorney fees in the event of legal action and we agree to pay such charges and fees.