



29 TERRACON PLACE  
WINNIPEG, CANADA R2J 4B3  
TEL. (204) 233-3332  
FAX (204) 233-3656

### Business Credit Application

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business/Operating Name: \_\_\_\_\_

Legal Structure: Incorporated ( ) Partnership ( ) Proprietorship ( )

Years in Business: \_\_\_\_\_

| Principals: | Name  | Res. Address | Phone | Sin   | DOB            |
|-------------|-------|--------------|-------|-------|----------------|
| 1.          | _____ | _____        | _____ | _____ | ____/____/____ |
| 2.          | _____ | _____        | _____ | _____ | ____/____/____ |
| 3.          | _____ | _____        | _____ | _____ | ____/____/____ |

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

How Long: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Account#: \_\_\_\_\_

Trade References:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Premises Owned: \_\_\_\_\_ Name/Address of Landlord - if rented Property: \_\_\_\_\_

Legal Description of Address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ PST Exempt #: \_\_\_\_\_

**Terms:** All material purchased by the Debtor shall be paid within 15 days of purchase unless other prior arrangements have been made.

We the undersigned, hereby certify the above information to be true. In conjunction therewith, we authorized and consent to the receipt and exchange of any and all credit information considered necessary by CITY MIX INC. we hereby authorize CITY MIX INC. to charge interest on any overdue amount owing on our account.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: \_\_\_\_\_

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