



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, Province, Postal Code			

BUSINESS AND CREDIT INFORMATION

City, Province, Postal Code		Bank name:	
How long at current address?		Primary business address City, Province, Postal Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

1. All invoices are to be paid net 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize iOC Tech Inc. to make inquiries into the banking and business/trade references supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	