



Site 7, C2, Fanny Bay, BC V0R 1W0, Canada

Tel: (250) 335-2233 or (250) 335 -2129

Fax: (250) 335-2065

Vancouver Office Toll Free: 1-800-566-3805

**CREDIT APPLICATION (Please complete and fax back to 250-335-2065)**

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

(if different) \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**FEDERAL TAX NUMBER # (mandatory USA importers):** \_\_\_\_\_

Corporation \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_

**Purchasing Contact:** \_\_\_\_\_ **Accts. Payable Contact:** \_\_\_\_\_

**Principal Owners and/or Officers:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_ **Credit line requested:** \$ \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**TRADE REFERENCES (Firms now extending credit)**

**1) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Telephone and Fax #:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**2) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Telephone and Fax #:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**3) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Telephone and Fax #:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**4) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Telephone and Fax #:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

I/We acknowledge that the information herein is complete, true and accurate. For the purpose of this application and for the conclusion, execution and management of any contract concluded with or through Mac's Oysters Ltd. I/We hereby authorize and consent to the exchange of information by Mac's Oysters Ltd. with any credit or reporting agency and with any corporation or person with whom I/We have or propose to have financial relations.

**Signature:** \_\_\_\_\_ **Name (please print):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_