

CREDIT APPLICATION

Legal Business Name: _____

DBA: _____ Date Business Established: _____

ADDRESS: _____ CITY _____

Postal Code: _____ Phone # _____ Fax # _____

Organization () Corporation () Partnership () Proprietorship ()

List full names, addresses and titles of all officers, partners or owners:

Name: _____ Position _____ Phone _____

Address _____

Name: _____ Position _____ Phone _____

Address _____

Bank Information

Bank: _____ Location _____

Phone # _____ Fax # _____

Contact Name # _____ Account # _____

Trade Information

1. Company _____ Location _____

Phone # _____ Fax # _____ Contact _____

2. Company _____ Location _____

Phone # _____ Fax # _____ Contact _____

3. Company _____ Location _____

Phone # _____ Fax # _____ Contact _____

I/We expressly consent to TECHVILLE DISTRIBUTION or VERI-CHEQUE LTD. to obtain any reports containing credit or personal information that is required in obtaining credit from TECHVILLE DISTRIBUTION I/we declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from TECHVILLE DISTRIBUTION and will remain confidential.

Signed: _____ Position: _____ Date: _____