

**PLEASE FILL UP THE FOLLOWING AND FAX IT BACK TO
US AT 1-888-902-5793**



BUSINESS CREDIT APPLICATION

COMPANY INFORMATION		
Company name:		
Address:		
City, province:	Postal code:	
Phone:	Fax:	
Email:	Years in business:	
Type of ownership: (Sole proprietor, Partnership, corporation, Government, Non-profit) :		
CONTACTS INFORMATION		
Last name:	First name:	Title:
Last name:	First name:	Title:
Last name:	First name:	Title:
CREDIT REFERENCE		
Bank:	Contact:	
Phone:	Fax:	
Address:		
Supplier:	Contact:	
Phone:	Fax:	
Address:		
Supplier:	Contact:	
Phone:	Fax:	
Address:		
Supplier:	Contact:	
Phone:	Fax:	
Address:		
Signing this agreement indicates your acceptance of the terms and conditions of payment. In addition, you authorize PROMKO to make any and all inquiries necessary to process this credit application.		
Authorized signature:	Date:	
Print name:	Title:	