

**PLEASE FILL UP THE FOLLOWING AND FAX IT BACK TO  
US AT 450.424.1925**



**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   |                    |        |
| <b>Bank:</b>   | Contact:           |        |
| Phone:   | Fax:               |        |
| Address:   |                    |        |
| <b>Supplier:</b>   | Contact:           |        |
| Phone:   | Fax:               |        |
| Address:   |                    |        |
| <b>Supplier:</b>   | Contact:           |        |
| Phone:   | Fax:               |        |
| Address:   |                    |        |
| <b>Supplier:</b>   | 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:             |        |
|  |                    |        |