NATIONAL APPAREL BUREAU BUREAU NATIONAL DU VÊTEMENT Bureau of business standards | Bureau des normes commerciales

CREDIT APPLICATION

GENERAL				
Legal Business Nam	e:			
Doing Business As:				
Address:				
Head Office Addres	s:			
Business Type:	Federal Corp	Provincial Corp	Partnership	Proprietorship
Date Started:		Number of Locations:		
Phone:	Fax:	Fax: Email:		
OWNERSHIP & M	ANAGEMENT			
Owner's Name:				
Buyer:	Email:			
A/P Contact:	Email:			
REFERENCES				
BANKING				
Bank Name:				
Address:			Transit:	
Account #:	Contact:			
Phone:	Fax:		Email:	
TRADE SUPPLIERS	5			
Name:	Contact:			
Phone:	Fax:		Email:	
Name:	Contact:			
Phone:	Fax:	Fax: Email:		
Name:	Contact:			
Phone:	Fax:		Email:	

By signing below, submitting this information electronically or by facsimile, I acknowledge and agree on behalf of the business entity as its authorized officer: that all information provided is correct; that National Apparel Bureau may investigate information on the business entity with third parties for the purpose of evaluating business transactions with the applicant; that the bank and trade references listed herein are authorized by the business entity to release all information requested. All information will be kept confidential.

Date:

Signature	•	·
Name:		Title:
Phone:	Fax:	Email: