

CREDIT APPLICATION/INFORMATION FORM		
(All sections must be completed. All information is confidential.)		
BUSINESS CONTACT INFORMATION		
Company Name:		
Address:		
City:	Province:	Postal Code:
Accounts Payable Contact:		Title:
Phone:	Fax:	E-mail:
Year of Incorporation:	GST#:	Credit Requested: \$
Corporate Officer Name:		Title:
Corporate Officer Name:		Title:
BANK REFERENCE		
Bank Name:		Phone:
Address:		
City:	Province:	Postal Code:
Account Contact:		Fax#:
TRADE REFERENCES (PLEASE LIST 3 BUSINESSES THAT ARE CURRENTLY SUPPLYING YOU WITH AT LEAST \$1,000.00 CREDIT)		
Company name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
<p>All business is conducted as per EMO Trans Standard Trading Conditions dated May 1, 2005 which have been reviewed by the applicant.</p> <p>EMO TRANS RESERVES THE RIGHT TO REVOKE CREDIT AT ANY TIME WITH OR WITHOUT NOTICE.</p> <p>I hereby authorize the release of banking history/credit history information to EMO Trans for the purpose of establishing credit.</p>		
Name of Authorized Officer	Signature of Authorized Officer	Date
TO BE COMPLETED BY EMO TRANS AND CONFIRMED TO APPLICANT		
Amount Granted: \$	Terms:	Date Faxed:
Authorized By:		Signature: