

#9 – 62 Fawcett Road, Coquitlam, BC V3K 6V5 Tel: (604) 540-5248 Fax: (604) 540-5263

email: service@securitycosmos.com website: www.CorrectionsCatalog.com

Credit Application

Company's Full Legal Name		Telephone Number		
		()		
Billing Address	City	Province	Postal Code	
Telephone number		Fax number		
()		()		
Principal Owner or Officer Nam	ne Title	E	Billing Contact	
Type of Business: Proprietor	ship Partnership	Corp	oration	
Number of Years in Business		P.S.T. # (If Applicable)		
Credit Limit Required		Estimated Purchase Value Per Month		

Bank Name and Address	City	Province	Postal Code
Telephone Number	Bank Contact Name		
	1		

Trade References (Please provide at least two local suppliers now giving credit, with credit usage similar to the credit you are requesting)

Company name	Telephone	Fax
Address	Co	ntact
Company name	Telephone	Fax
Address	Co	ntact
Company name	Telephone	Fax
	()	()
Address	Co	ntact
	es I/we agree to pay all invoices acco	verdue accounts. ording to Weizel & Associates terms. However, in llect any sums due I/we agree to pay all Weizel &

Assoc. legal cost, whether or not any legal action is instituted.

Applicant represents that the information given in this application is correct and hereby authorizes Weizel & Associates to contact credit references and other sources disclosed herein in investigating information supplied.