

CLS LTD. COMMERCIAL CREDIT APPLICATION

PROPRIETORSHIP PARTNERSHIP PROFESSIONAL

CORPORATION IN THE STATE/PROVINCE OF _____

YEAR OF INCORPORATION _____

Full name of business _____

Address _____

_____ Telephone _____

Registered/head office _____

_____ Telephone _____

Number of years in business _____ Annual sales _____

Credit line requested _____

Bank _____ Branch _____

Trade references (state name, address, and telephone)

1. _____

2. _____

3. _____

The above information is herewith submitted for the purpose of opening an account, and I do hereby certify this information to be true.

Signed _____

Position _____

Date _____

FOR OFFICIAL USE ONLY

Sales unit _____ Originated by _____ Credit approved _____

Assessment _____