

MIC

TROPHY COMPONENTS

Date _____

BUSINESS CREDIT APPLICATION

Business Name: _____

Owner/Contact Staff: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone # _____

Email _____ Web Site _____ Fax #: _____

Established as: Proprietorship / Partnership / Professional / Incorporation (Year Founded _____)

Type of Business: Retail / Homebased / Promotional/Distributor

Business License/PST # _____ GST # _____

Number of years in business _____ Annual Sales _____

Credit line requested _____ Credit Card # : _____

Credit reference: _____ Expiry Date: _____

Bank _____ Branch # or Location _____

Account # _____ Type of A/C: Commercial ___ Savings ___ Personal ___ Loan ___

Business references:

Buying from: CR ___ CMA ___ DTC ___ LS ___ NK ___ PDU ___ SJT ___ TRM ___

The above information is herewith submitted Signed _____

For the purpose of opening an account and I Position _____

Do hereby certify this information to be true. Date _____

FOR OFFICE USE ONLY

Date received _____ Credit approved _____ by _____

Credit Limit: _____ Pricing Status : _____

- Please complete & return by e-mail or fax, thank you.

Multiawards International (Canada) Inc.

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