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GENERAL BACKGROUND INFORMATION

BUSINESS NAME (AS SHOWN IN THE ARTICLES OF INCORPORATION)			
STREET ADDRESS		CITY	PROVINCE
PHONE		FAX	EMAIL
DATE ESTABLISHED		CONTACT NAME	
TYPE OF BUSINESS		IF OPERATING IN MORE THAN ONE LOCATION, STATE ADDRESS OF HEAD OFFICE	
DOES BUSINESS OPERATE UNDER A TRADE NAME OTHER THAN SHOWN ABOVE? YES OR NO		IF YES, WHAT IS IT?	
WHERE IS THE TRADE NAME REGISTERED		IS THE BUSINESS A FEDERAL CORP OR PROVINCIAL	

SHAREHOLDERS AND OFFICERS

PRESIDENT OR PARTNER	PERCENTAGE OF SHARES	NAME		
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME PHONE	CELL PHONE	SOCIAL INSURANCE NUMBER	DRIVERS LICENSE NUMBER	DATE OF BIRTH

VICE PRESIDENT OR PARTNER	PERCENTAGE OF SHARES	NAME		
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME PHONE	CELL PHONE	SOCIAL INSURANCE NUMBER	DRIVERS LICENSE NUMBER	DATE OF BIRTH

SECRETARY OR PARTNER	PERCENTAGE OF SHARES	NAME		
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME PHONE	CELL PHONE	SOCIAL INSURANCE NUMBER	DRIVERS LICENSE NUMBER	DATE OF BIRTH

FEDERAL AND PROVINCIAL TAX INFORMATION

ARE YOUR FEDERAL & PROVINCIAL TAXES UP TO DATE	YES	IF NO – WHAT PERIOD IS IN ARREARS	AMOUNT IN ARREARS
	NO	FEDERAL	FEDERAL
		PROVINCIAL	PROVINCIAL
ARE YOUR EMPLOYEE DEDUCTIONS UP TO DATE	YES	IF NO – WHAT PERIOD IS IN ARREARS	AMOUNT IN ARREARS
	NO	FEDERAL	FEDERAL
		PROVINCIAL	PROVINCIAL

CORPORATE BANK INFORMATION

NAME OF BANK			HOW LONG HAVE YOU DEALT WITH THEM
BRANCH ADDRESS		CITY	PROVINCE
PHONE		FAX	ACCOUNT NUMBER
		BANK OFFICER	

NAME OF BANK			HOW LONG HAVE YOU DEALT WITH THEM
BRANCH ADDRESS		CITY	PROVINCE
PHONE		FAX	ACCOUNT NUMBER
		BANK OFFICER	



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ACCOUNTS RECEIVABLE INFORMATION

Total Value of Open Receivables \$	Average Monthly Sales \$	Approximate Number of active accounts	Normal terms of sale	HOW MUCH DO YOU INTEND TO FACTOR ON A MONTHLY BASIS \$
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ARE YOU NOW, OR HAVE YOU FACTORED BEFORE YES NO		IF YES, WITH WHAT COMPANY (STATE ADDRESS, PHONE & CONTACT PERSON)
ARE YOUR RECEIVABLES PLEDGED AS COLLATERAL YES NO		IF YES, TO WHOM (STATE ADDRESS, PHONE & CONTACT PERSON)

LISTING OF PRINCIPAL ACCOUNTS/CLIENTS

CLIENT/CUSTOMER	STREET ADDRESS /CITY/POSTAL CODE	PHONE	AVERAGE MONTHLY BILLING \$
CLIENT/CUSTOMER	STREET ADDRESS /CITY/POSTAL CODE	PHONE	AVERAGE MONTHLY BILLING \$
CLIENT/CUSTOMER	STREET ADDRESS /CITY/POSTAL CODE	PHONE	AVERAGE MONTHLY BILLING \$
CLIENT/CUSTOMER	STREET ADDRESS /CITY/POSTAL CODE	PHONE	AVERAGE MONTHLY BILLING \$
CLIENT/CUSTOMER	STREET ADDRESS /CITY/POSTAL CODE	PHONE	AVERAGE MONTHLY BILLING \$
CLIENT/CUSTOMER	STREET ADDRESS /CITY/POSTAL CODE	PHONE	AVERAGE MONTHLY BILLING \$
CLIENT/CUSTOMER	STREET ADDRESS /CITY/POSTAL CODE	PHONE	AVERAGE MONTHLY BILLING \$

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application for the purpose of credit investigation.

APPLICANT NAME & TITLE	SIGNATURE	DATE
CO-APPLICANT NAME & TITLE	SIGNATURE	DATE
CO-APPLICANT NAME & TITLE	SIGNATURE	DATE