



SEATS CANADA INC.

1800 Bonhill Road, Mississauga, Ontario L5T 1C8,
Phone:905-364-5843. Fax: 905-364-7822



CREDIT APPLICATION FORM

Business Name _____ Phone: _____
 Address _____ Fax: _____
 City: _____ Province: _____ Postal Code: _____
 Mailing Address: _____ GST#: _____
 Type of Business: Corporation Partnership Sole Owner PST# _____

Principals: _____

Manager: _____ Accountant: _____

Purchasing agent: _____

Date Business Commenced: _____ Number of Staff: _____

Are Business Premises: Owned Leased Rented Term:

If Accounts Receivable Assigned, Please State to Whom: _____

Bank: _____ Branch: _____

Main Suppliers:

NAME	ADDRESS	PHONE	FAX

Amount of Credit Requested (2 months' Purchase) \$ _____

We hereby jointly and severally agree to pay your account (if opened) according to your terms of sale and to pay interest at the rate of 2% per month on all amounts in arrears as outlined in our terms and conditions of sale.

Firm Name: _____

Signed: _____ Position: _____

ALL INFORMATION GIVEN WILL BE TREATED AS CONFIDENTIAL.