



<b>Credit Application for a Business Account</b>			
Sole proprietorship:	Corporation:	Partnership:	Prov./State of Incorporation:
Legal Name of Company:			
Operating Name of Company:			
Phone:		Fax:	
Registered company address:			
City:			
Prov./State:		ZIP Code:	
Date business commenced:		Requested Credit Line:	
GST/HST Registration No:		Would you like to pay by EFT?	
<b>Name of Contacts:</b>			
President:		Vice-President:	
Sec/Treasurer:		Controller:	
Purchaser:		Accounts Payable:	
<b>Bank Information:</b>			
Bank name:		Branch:	
Bank address:		City:	
Contact:		E-mail:	
Account No:		Branch No:	
<b>Trade references:</b>			
Company name:	Contact:	Phone No:	Email address or Fax No:
<b>Credit Terms</b>			
1. Payment terms will be determined upon credit approval			
2. By submitting this application, you authorize Europa Ingredients Inc. to make inquiries into the banking and business/trade references that you have supplied.			
Applicant Company:			
Authorized Signature:			
Name:		Position:	
Date:			