Gutter Protection Services 26 Airview Road, Toronto ON M9W 4P2 Tel: (416) 782-2065 Fax: (416) 782-5218 Email: info@thesmartscreen.com

CREDIT APPLICATION

		PST Number
BUSINESS INFORMATION		
NAME OF BUSINESS	LEGAL NAME OF BUSINESS (if Differe	ent) PHONE
ADDRESS	CITY	PROV. POSTAL CODE
DESCRIPTION OF BUSINESS		
NO. OF EMPLOYEES CREDIT REQUESTED	TYPE OF BUSINESS	IN BUSINESS SINCE (DAT
BUSINESS STRUCTURE PARENT COMPAN'	Y	HOW LONG IN BUSINESS
-Select One-		THEW ESTIGATIVE BOSINESS
COMPANY PRINCIPALS RESPONSIBLE FOR	BUSINESS TRANSACTIONS	
NAME	TITLE	PHONE
ADDRESS	CITY	PROV. POSTAL CODE
	CITI	PROV. POSTAL CODE
NAME		
NAME	TITLE	PHONE
ADDRESS	CITY	PROV. POSTAL CODE
BANK REFERENCES	<u> </u>	
NAME OF BANK	BANK BRANCH	CHECKING ACCOUNT NO.
NAME TO CONTACT ADDRES	 S	TELEPHONE NO.
] TEEE! HONE NO.
RADE REFERENCES		
	ACT NAME FIRM TELEPHONE NI	IMPER DATE ASSOCIATION
CONT	ACT NAME FIRM TELEPHONE NU	JMBER DATE ACCOUNT OPENED
CONFIRMATION OF INFORMATION	ACCURACY AND RELEASE OF AU	THORITY TO VERIFY
hereby certify that the information in this credit approved in determining the amount and conditions o	polication is correct. The information is foredit to be extended. I understand	ncluded in this credit application is
so utilize the other sources of credit which it cons	iders necessary in making this determ	ination. Further I hereby authorize
le bank and trade references listed in this credit a	pplication to release the information n	necessary to assist.
IGNATURE	TITLE	DATE
POLICY STATEMENT: Initial order from new a	counts will not be processed upless	accompanied by the
above requested information. Terms: net 30 day	s from date of invoice unless otherwise	se stated.