



Temiskaming Testing Laboratories
 1 Presley St, Box , Cobalt, ON P0J1C0
 Phone: 705.679.5500

CUSTOMER BUSINESS CREDIT APPLICATION

| |
|---|
| Internal office use only: Date Received: _____ Received By: _____ |
|---|

| Name / Address | | | |
|-------------------|-----------|-----------------|-----------------|
| Last: | First: | Middle Initial: | Title |
| Email Address: | | | Tax I.D. Number |
| Name of Business: | | | |
| Address: | | | |
| City: | Province: | Postal Code: | Phone: |

| Company Information | |
|--|---|
| Type of Business: | In Business Since: |
| Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> | |
| If Division/Subsidiary, Name of Parent Company: | In Business Since: |
| Accounts Payable Contact: | Title: |
| Email Address: | |
| Address: | |
| City: | Province: Postal Code: Phone: |

| Bank References | | | |
|---------------------|--------------------|-------------------|---------------|
| Institution Name: | Institution Name: | Institution Name: | |
| Checking Account #: | Savings Account #: | Home Equity Loan: | Loan Balance: |
| Address: | Address: | Address: | |
| Phone: | Phone: | Phone: | |

| Trade References | | |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |



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I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to **Temiskaming Testing Laboratories Inc.** for which credit is being applied for to verify the information contained herein.

Signature

Date

Applicant's Name

Title