



## Confidential Credit Application

### Banking Information

Financial Institution:		Manager:	
Address:			
City:		Province:	Postal Code:
Telephone:		Fax:	Email:
Credit line established: \$			
Company Loans: \$		Personal Loans: \$	

### Trade References

Supplier:		Contact:	
Address:			
City:		Province:	Postal Code:
Telephone:		Fax:	Email:
Credit Line: \$		# of years in business: _____ years	
Term of purchase:		Date of last purchase:	

Supplier:		Contact:	
Address:			
City:		Province:	Postal Code:
Telephone:		Fax:	Email:
Credit Line: \$		# of years in business: _____ years	
Term of purchase:		Date of last purchase:	



# Business Registration

Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
Province of Incorporation:		
Incorporation Date:		Provincial Sales Tax No.:

## 1. Proprietorship

Owner's name:		Date of Birth:
Address:		
City:	Province:	Postal Code:
Telephone:		S. I. N.:

## 2. Partnership

1. Registered trade name:		
<b>Partner Information</b>		
Name:		Date of Birth:
Address:		
City:	Province:	Postal Code:
Telephone:		S. I. N.:
2. Registered trade name:		
<b>Partner Information</b>		
Name:		Date of Birth:
Address:		
City:	Province:	Postal Code:
Telephone:		S. I. N.:



3. Corporation

Registered Corporation Name:		
President:	Date of Birth:	
Address:		
City:	Province:	Postal Code:
Telephone:	S. I. N.:	

**I/We hereby confirm that the information given above is true and complete and authorize Euromusic Marketing Inc. to check and obtain credit information on the Company and the Principals as deemed necessary by Euromusic Marketing Inc. through the recognized reporting agencies and from references obtained in this application.**

**Date at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**Company Name:** \_\_\_\_\_

**Authorized Signature(s)** \_\_\_\_\_

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