



Credit Application

General Information

Legal Company Name: _____
 Affiliate Company Name (if any): _____
 Physical Address: _____
 Mailing Address: _____ City: _____ Province: _____
 Postal Code: _____ Tel.: _____ Email: _____
 Cell: _____
 Accounts Payable Contact : _____ Email: _____

Company Owner(s) – Principals

Name: _____
 Address: _____
 City: _____ Province: _____
 Postal Code: _____ Email: _____
 Tel.: _____ Fax: _____
 SIN: _____ Birth date: _____
(optional)
 # of Employees: _____ Annual Sales: \$ _____

Business Information

Type of ownership: Individual Partnership Corporation
 Type of business: _____
 # of years in business: _____ Are PO's required? Y N
 Person(s) authorized to purchase:
 1) _____
 2) _____
 3) _____
 Credit requested: \$ _____

Bank Information

Name of Bank: _____ Transit #: _____ Account #: _____
 Address: _____ Account Manager: _____
 Tel.: _____ Fax: _____ Assignment of accounts receivable: Y N
 Type of account: Business Personal

Trade References	City	Telephone	Email
1.			
2.			
3.			
4.			
5.			

Application must be completed in its entirety to facilitate processing

- We/I make this application for a charge account and give Activation Laboratories Ltd. (Actlabs) authorization to obtain and report Business information and Personal credit information on the principals of this company including detailed bank reports through services of The Echo Group Inc./Trans Union of Canada Inc. for the purpose of opening this account and monitoring it for this business relationship.
- We/I authorize the exchange of business and personal information on an ongoing basis with credit bureaus and other trade suppliers in order to protect and ensure the completeness of the information and to maintain the integrity of the credit granting system.
- We/I authorize the co-operation with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect both parties from fraudulent transactions.
- We/I authorize the disclosure of business and personal information where necessary to protect your interests, and ours.
- Please email the completed form to ancaster@actlabs.com

Applicant's Name: _____

Signature: _____ Date: _____

Terms – Net 30 days – Interest 1.5% per month

Processed by: _____	Credit Limit Recommended: \$ _____	Authorized by: _____	Credit Limit Approved: \$ _____
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ACTIVATION LABORATORIES LTD

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