



## 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: \_\_\_\_\_

### Owner, Partner, or Director

Name: \_\_\_\_\_  
 Tel.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### 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: \$ \_\_\_\_\_  
 Estimated Monthly Spend: \$ \_\_\_\_\_

### 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](mailto:ancaster@actlabs.com)

Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Terms - Net 30 days - Interest 1.5% per month

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Processed by: \_\_\_\_\_ Credit Limit Recommended: \$ \_\_\_\_\_ Authorized by: \_\_\_\_\_ Credit Limit Approved: \$ \_\_\_\_\_

### ACTIVATION LABORATORIES LTD

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