



Aman Enterprises 1989 Ltd.
 18795 - 24 Ave
 Surrey, BC V3Z 2A1
 T 604.953.2626 F 604.521.5656

CREDIT APPLICATION

BUSINESS INFORMATION

LEGAL BUSINESS NAME:	
TRADE NAME/OPERATING AS:	
COMPLETE SHIPPING ADDRESS:	
PHONE #:	FAX #:
INVOICING ADDRESS:	
PHONE #:	FAX #:
Year Current Business Started:	Year Current Ownership Started:
Number of Employees:	Est. Annual Sales for Current Year: \$
Type of Business: <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited <input type="checkbox"/> Other _____	

CONTACT INFORMATION

A/P CONTACT NAME:	TEL:
E-MAIL ADDRESS:	FAX:
Controller / CFO	TEL:
E-MAIL ADDRESS:	FAX:
HOW SHOULD WE SEND YOUR INVOICES: E-MAIL <input type="checkbox"/> / MAIL <input type="checkbox"/> / FAX <input type="checkbox"/> _____	
Principle(s) / Officer(s)	
NAME (First & Last):	
TITLE:	E-MAIL ADDRESS:
NAME (First & Last):	
TITLE:	E-MAIL ADDRESS:

BANK INFORMATION

BANK NAME:	
ADDRESS:	
PHONE #:	FAX #:
CONTACT:	EXT #:
ACCOUNT #:	TRANSIT #:

CREDIT REFERENCES (Please Provide Supplier References - do not include utility supplier)

COMPANY NAME:	CONTACT	TELEPHONE #	EMAIL / FAX
1.			
2.			
3.			

Monthly Volume	Sales Representative:
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STATEMENT OF AGREEMENT: I understand and agree to allow Aman Enterprises 1989 Ltd. to use the above information and to contact the noted references as part of a credit inquiry regarding this company. I understand that should credit privileges be granted, all invoices are due thirty days from the date of the invoice.

NAME: (Please print) _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Office Use Only - References Checked: _____ Credit Approved: _____ Limit: _____