



CALGARY CITY MIX
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CREDIT APPLICATION

BUSINESS NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ POSTAL CODE: _____ EMAIL: _____

CORPORATION PARTNERSHIP OTHER (CHECK ONE)


TYPE OF BUSINESS: _____ ESTABLISHED: _____

PURCHASING: _____ ACCOUNTS PAYABLE: _____

NAME OF PRINCIPALS/DIRECTORS:	POSITION:
1. _____	_____
2. _____	_____
3. _____	_____

BANK: _____ ADDRESS: _____

PHONE: _____ CONTACT: _____ ACCOUNT #: _____

VISA / MC #: _____ EXPIRY: ____ / ____ SECURITY #: _____ 
last three digits on back of card

TRADE REFERENCES:	PHONE:	FAX:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WE REQUEST THAT CALGARY CITY MIX EXTEND CREDIT TO THE ABOVE COMPANY, APPROXIMATELY \$_____/MONTH, AND WE AGREE TO PAY ACCOUNT BALANCE ACCORDING TO CALGARY CITY MIX'S STANDARD TERMS OF SALE; NET 30 DAYS. IF THE ACCOUNT BALANCE SHOULD BECOME PAST DUE, AN INTEREST RATE OF 24% PER ANNUM MAY BE CHARGED TO THE OVERDUE BALANCE.

WE AUTHORIZE CALGARY CITY MIX TO OBTAIN SUCH CREDIT REPORTS OR OTHER INFORMATION AS MAY BE DEEMED NECESSARY IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF A CREDIT ACCOUNT OR FOR ANY OTHER DIRECT BUSINESS REQUIREMENTS. WE ALSO AUTHORIZE CALGARY CITY MIX TO PUT OVERDUE BALANCES ON OUR CREDIT CARD. ALL INFORMATION SUBMITTED TO BE IN STRICT CONFIDENCE.

DATE: _____ AUTHORIZED SIGNATURE: _____

PRINT: _____

TITLE: _____