

Orcan Solutions Inc.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Location: _____ <input type="checkbox"/> Other Business #	Amount of Credit Requested
Phone Fax			
E-mail			
Registered company address Province, City Postal Code			

BUSINESS AND CREDIT INFORMATION

Province, City Postal Code		Bank name: Bank Contact Name:	
How long in business?		Primary business address Province, City Postal Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name & Contact		Phone	
Address		Fax	
Province, City Postal Code		E-mail	
Purchase Per Year		Outstanding Amount Owed	
Average Time to Pay			
Company name & Contact		Phone	
Address		Fax	
Province, City Postal Code		E-mail	
Purchase Per Year		Outstanding Amount Owed	
Average Time to Pay			
Company name & Contact		Phone	
Address		Fax	
Province, City Postal Code		E-mail	
Purchase Per Year		Outstanding Amount Owed	
Average Time to Pay			

AGREEMENT

1. All invoices are to be paid within 30 days from the date of the invoice.
2. By submitting this application, you authorize Orcan Solutions Inc. to make inquiries with your bank, various credit reporting agencies and business/trade references that you have supplied and to update credit reporting agencies as required.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	