

Sunrise Washroom Rentals Ltd.
CREDIT APPLICATION



BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

Province:

Postal Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

ALTERNATE BILLING ADDRESS

Primary business address:

City:

Province:

Postal Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

Province:

Postal Code:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Sunrise Washroom Rentals Ltd. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: