

COMMUNITY DIRECT DELIVERY
ACCOUNT APPLICATION
(CONFIDENTIAL – USED SOLELY FOR CREDIT PURPOSES)

COMPANY NAME: _____

CHECK ONE: Corporation Partnership Proprietorship

ADDRESS _____ PHONE () _____

_____ FAX () _____

_____ POSTAL CODE _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____ AT THIS ADDRESS _____

LINE OF CREDIT REQUESTED \$ _____ / MONTH

ACCOUNTS PAYABLE CONTACT: _____

TRADE REFERENCES:

NAME

PHONE #

FAX #

_____ () _____ () _____

_____ () _____ () _____

_____ () _____ () _____

_____ () _____ () _____

BANK NAME & BRANCH _____

ACCOUNT MANAGER _____ () _____ () _____

*** CORPORATE INFORMATION *** DATE OF INCORPORATION _____

PRINCIPALS: _____ PH () _____

_____ PH () _____

_____ PH () _____

**** PARTNER/PROPRIETORSHIP INFORMATION ****

(IF MORE THAN ONE, PLEASE LIST SEPARATELY)

FULL NAME _____

ADDRESS _____ PHONE () _____

_____ FAX () _____

_____ POSTAL CODE _____

RENT OR OWN? _____ HOW LONG AT THIS ADDRESS? _____

PREVIOUS ADDRESS, IF LESS THAN 2 YEARS _____

I/we, the undersigned, hereby warrant the truth and accuracy of the information herein, and hereby authorize Community Direct Delivery to obtain any information required concerning this statement and application. Should credit be granted, the undersigned hereby guarantees and indemnifies payment of all present and future debts owing from time to time to Community Direct Delivery – all payments to be made on or before their due date, in accordance with their terms of sales.

PLEASE COMPLETE REVERSE BEFORE SIGNING APPLICATION

DATE: _____

SIGNATURE: _____ TITLE: _____

SIGNATURE: _____ TITLE: _____

COMMUNITY DIRECT DELIVERY

CASH MANAGEMENT

TO: _____ DATE: _____
BANK NAME & BRANCH

_____ FAX# () _____
BANK ADDRESS

_____ PH# () _____
CITY POSTAL CODE

ATTENTION: _____ Account Manager/Lending Officer

Dear Sir or Madam: RE: _____ ACCOUNT # _____

We have made application to Community Direct Delivery for a line of credit in the amount of \$ _____ for the purchase of services as required by us. To assist in this regard, please provide - directly to them by return fax 604-858-0694 - the following information. Thank you.

Signed _____ Title _____

* Number of years dealing with this bank _____

* Nature of credit accommodation provided:

Operating _____ Other _____

* Authorized operating line of credit:

Low _____ Medium _____ High _____ figures

* Operating line of credit fluctuates satisfactorily? _____

* Account presently at LOW _____ MEDIUM _____ HIGH _____ end of line

* Security held:

- _____ Accounts Receivable
- _____ Section 427 (Inventory)
- _____ Chattel Mortgage or Security Agreement
- _____ Debenture or Floating Charge
- _____ Personal Signature
- _____ Other _____

* N.S.F. cheques in the last six months? _____

* Considered responsible for requested line of credit? _____

* Comments _____

DATE _____ SIGNED _____ TITLE _____

FOR COMMUNITY DIRECT OFFICE USE ONLY

_____ APPROVED CREDIT LIMIT _____

_____ DECLINED