STAGE WEST
Express Inc.

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:	Fax:	E-mail:

Registered company address:

City:	Prov/State:	Postal/ZIP Code:

Date business commenced:

Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:	Prov/State:	Postal/ZIP Code:

How long at current address?

Telephone:	Fax:	E-mail:

Bank name:

Bank address:	Phone:

City:	Prov/State:	Postal/ZIP Code:

Type of account	Account number
Savings	
Chequing	
Other	

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:	Prov/State:	Postal/ZIP Code:

Phone:	Fax:	E-mail:

Type of account:

Company name:

Address:

City:	Prov/State:	Postal/ZIP Code:

Phone:	Fax:	E-mail:

Type of account:

Company name:

Address:

City:	Prov/State:	Postal/ZIP Code:

Phone:	Fax:	E-mail:

Type of account:

AGREEMENT

1. The Applicant hereby understands that all charges are due and payable upon receipt of invoices, and any discrepancies must be submitted in writing within 7 days. It is understood and agreed that Terms of Payment are Net 15 days.

2. Overdue accounts are subject to minimum service charge of 2% per month (26.82% per annum).

3. By submitting this application, you authorize Stage West Express Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: