

CREDIT APPLICATION – WINTRONIC COMPUTERS PLUS

4190 Fairview St. Unit 12B, Burlington , Ontario, L4L 4Y8

Ph: (905) 333-6637, Fax: (905) 333-3655

Legal Business Name: _____

DBA: _____ Date Business Established: _____

Address: _____

Postal Code: _____ Phone #: _____ Fax #: _____

Organization () Corporation () Partnership () Proprietorship ()

List full names, addresses and titles of all officers, partners or owners:

Name: _____ Position: _____ Phone #: _____

Address: _____

Name: _____ Position: _____ Phone #: _____

Address: _____

Name: _____ Position: _____ Phone #: _____

Address: _____

Bank Information:

Bank: _____ Location: _____

Phone #: _____ Fax #: _____

Contact Name: _____ Account #: _____

Trade Information:

1. Company: _____ Location: _____

Phone #: _____ Fax #: _____ Contact #: _____

2. Company: _____ Location: _____

Phone #: _____ Fax #: _____ Contact #: _____

3. Company: _____ Location: _____

Phone #: _____ Fax #: _____ Contact #: _____

I/We expressly consent to WINTRONIC COMPUTERS PLUS or VERI-CHEQUE LTD. to obtain any reports containing credit or personal information that is required in obtaining credit from WINTRONIC COMPUTERS PLUS. I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from WINTRONIC COMPUTERS PLUS and will remain confidential.

Signed: _____ Position: _____ Date: _____