



**TOPCOM SYSTEM INC.**

#101 – 3740C 11A St NE

CALGARY, AB T2E6M6

Ph (403) 230-1199

Fax (403) 230-0040

**CREDIT APPLICATION**

Legal Business Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Date Business Established: \_\_\_\_\_

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 # \_\_\_\_\_ Transit # \_\_\_\_\_

Contact Name # \_\_\_\_\_ Account # \_\_\_\_\_

**Trade Reference (Current Suppliers)**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Account No. /Credit Limited: \_\_\_\_\_ \$ \_\_\_\_\_ Payment Terms: COD / NET \_\_\_\_\_ Days

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Account No. /Credit Limited: \_\_\_\_\_ \$ \_\_\_\_\_ Payment Terms: COD / NET \_\_\_\_\_ Days

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Account No. /Credit Limited: \_\_\_\_\_ \$ \_\_\_\_\_ Payment Terms: COD / NET \_\_\_\_\_ Days

**Authorized Credit Check**

The undersigned consents to the obtaining of credit and / or personal information as may be required at any time in connection with this dealer application and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with the undersigned has or proposes to have financial relations. We \_\_\_\_\_ (Name of Company) authorized Topcom System Inc. to conduct Credit Check on the above account.

Company: \_\_\_\_\_

Authorized Person \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Owner's Gurarantee**

I, \_\_\_\_\_ OWNER OF \_\_\_\_\_ (registered Company Name) hereby PERSONALLY GUARANTEE all cheques and unpaid accounts owing to TOPCOM SYSTEM INC.

\_\_\_\_\_  
AUTHORIZED CORPORATE OFFICIER TITLE

\_\_\_\_\_  
Signature Date

**CREDIT AMOUNT REQUESTED \_\_\_\_\_.**

I/We expressly consent to TOPCOM SYSTEM INC. and/or VERI-CHEQUE LTD. to obtain any reports containing credit or personal information that is required in obtaining credit from Topcom System Inc. 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 Topcom System Inc and will remain confidential.

Signed:\_\_\_\_\_ Position:\_\_\_\_\_ Date:\_\_\_\_\_  
(Someone with signing authority for the bank listed; must sign this credit application.)

**Please send it back with the current copy of Business License, a VOID Company Cheque & Credit Card Copy! Thank You!**

TO WHOM IT MAY CONCERN:

This is to advise that I authorize my bank: \_\_\_\_\_

Location: \_\_\_\_\_

Account # \_\_\_\_\_

Transit # \_\_\_\_\_

Phone Number: \_\_\_\_\_.

Fax Number: \_\_\_\_\_.

To divulge credit rating information to TOPCOM SYSTEM INC. and/or VERI-CHEQUE LTD., regarding the company listed below.

\_\_\_\_\_

DBA \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ FULL COMPANY NAME, ADDRESS and PHONE NUMBER

\_\_\_\_\_  
AUTHORIZED SIGNING OFFICER

\_\_\_\_\_  
PRINT NAME ABOVE

DATE: \_\_\_\_\_.