

Credit Application Form

Date:	Contact Name:	Title:
Name of Business:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail address:
Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
In Business Since:		
Bank References:		
1. Name: Account No.: Address: Phone: Fax:		
2. Name: Account No.: Address: Phone: Fax:		
Trade References (industry related):		
1. Name: Contact: Address: Phone: Fax:		
2. Name: Contact: Address: Phone: Fax:		
3. Name: Contact: Address: Phone: Fax:		

I declare that all the above information is true, correct, and complete. I authorize you to contact any source named above to verify any data and run a credit check. I authorize all trade references, and banks to disclose to CCTV Solutions Electronics Ltd. any and all information concerning the financial and credit history of my company. I am aware that CCTV Solutions Electronics Ltd. will rely upon this information in extending credit to me. The above information may be used in collection of any debt.

Signature: _____ **Title:** _____

Print full name: _____ **Date:** _____

Note: ALL CUSTOMERS please submit a copy of business license and a copy of owner's government issued photo ID for personal information verification.