



Business Partner Credit Application

GENERAL INFORMATION:

- Type of Business
 Partnership Proprietorship Corporation
Business Premises
 Owned Rented Leased

Legal Name (DBA)

Address (Street, City, State, Zip)

Address (Street, City, State, Zip)

Fax Number

Email

Website

Number of Years in Business _____

Principal Name

Title

Principal Name

Title

BANK INFORMATION:

1ST Bank _____

Address _____

Account Officer _____

Phone Number _____

|
Chequing Acct. No.

|
Savings Acct. No.

|
Loan No.



Credit Amount Requested **

** Companies requesting a credit line of \$20000.00 or more must submit copies of their financial statements. This Information will remain for the exclusive use of the Avenview Credit Department and will remain Confidential

CREDIT CARD INFORMATION FOR SECURITY:

Credit Card # _____ Expiration Date _____
Card Holder Name _____ Card Holder Signature _____
Credit Card Billing Address _____ Card Type _____
Address cont. _____ Issuing Bank _____

This information serves authorization for Avenview Corp. to charge the above mentioned credit card for the total pending invoice amount in case payment is not received within 30 days from time of delivery.

TRADE REFERENCES: (3 references required)

Name Address (Street, City, Province, Postal Code)

Phone Fax

Credit Limit /Terms

Name Address (Street, City, Province, Postal Code)

Phone Fax

Credit Limit /Terms

Name Address (Street, City, State, Zip)

Phone Fax

The undersigned:

1. Applies to AVENVIEW Corp. . ("AVENVIEW") for extension of trade credit or COD Terms upon Avenview standard terms, from time to time;
2. Agrees to be bound by the terms and conditions of sale provided for Avenview invoices issued, from time to time, to the undersigned;
3. Warrants that the information contained in this Application is and any information provided to AVENVIEW will be true, complete and correct;



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4. Authorizes and consents to the receipt and exchange of credit information by AVENVIEW from time to time, including the exchange of credit information with any credit reporting agency, credit bureau. Or any person or corporation with whom the undersigned has or purposes to have financial relations;
5. Agrees that the undersigned will be liable for all charges to its account with AVENVIEW and that the undersigned will be required to pay in full all invoices issued to it, from time to time, by AVENVIEW upon the terms and conditions provided for in such invoices.

Legal Name of Applicant _____

Witness _____

Signature of Officer to Applicant _____

Date _____

Please print name and Title _____

PLEASE ATTACH YOUR RESALE EXEMPTION CERTIFICATE WITH YOUR APPLICATION