

YOUR TRUSTED SOURCE OF CONNECTIVITY

LINE OF CREDIT APPLICATION FORM

Address:		Province/State:	Postal/ZIP:
OFFICERS / PRINCIPALS:			
Name:		Title:	
Name:		Title:	
Name:		Title:	
BANK:			
Name:		Phone Number:	
Address:		Contact:	
TRADE REFERENCES:			
Name:	Contact:	Phon	e:
Name:	Contact:	Phon	e:
Name:	Contact:	Phon	e:
rume.			<u> </u>
HAVE MADE AND EXPECT TO PAY INVO	DICES IN ACCORDANCE WITH AGREE UPO	N TERMS. I/WE AUTHORIZE YOU TO MAKE NY INFORMATION TO ANY CREDIT OPER	IANCIALLY ABLE TO MEET COMMITMENTS THE USUAL CREDIT INQUIRIES FROM TIMI RATING AGENCY OR FIRM WITH WHOM
Print Name:	A	uthorized Signature:	
Title:	П)ate:	

PLEASE RETURN THE COMPLETED DOCUMENT TO THE CUSTOMER SERVICE DEPARTMENT







