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# CREDIT APPLICATION

<b>INTERNAL SERIAL NUMBER</b>			
<b>BUSINESS INFORMATION</b>			
NAME OF BUSINESS		LEGAL NAME OF BUSINESS (if Different)	
ADDRESS		CITY	PHONE
		PROV.	POSTAL CODE
<b>DESCRIPTION OF BUSINESS</b>			
NO. OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS	IN BUSINESS SINCE (DATE)
BUSINESS STRUCTURE	PARENT COMPANY		HOW LONG IN BUSINESS
<b>COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS</b>			
NAME		TITLE	PHONE
ADDRESS		CITY	PROV. POSTAL CODE
NAME		TITLE	PHONE
ADDRESS		CITY	PROV. POSTAL CODE
<b>BANK REFERENCES</b>			
NAME OF BANK		BANK BRANCH	CHECKING ACCOUNT NO.
NAME TO CONTACT	ADDRESS		TELEPHONE NO.
<b>TRADE REFERENCES</b>			
FIRM NAME	CONTACT NAME	FIRM TELEPHONE NUMBER	DATE ACCOUNT OPENED

**CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY**

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by MATCOM in determining the amount and conditions of credit to be extended. I understand that MATCOM may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist.

**SIGNATURE** **TITLE** **DATE**

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**POLICY STATEMENT:** Initial order from new accounts will not be processed unless accompanied by the above requested information. Terms: net 30 days from date of invoice unless otherwise stated.

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