



BEDESSEE IMPORTS LTD.

2 GOLDEN GATE COURT.
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APPLICATION FOR CREDIT

LEGAL NAME OF FIRM: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

INCORPORATION DATE: _____ LINE OF CREDIT REQUESTED: _____

TAX NUMBERS HST: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

PRINCIPAL OFFICERS: NAME _____ POSITION: _____

EMAIL ADDRESS : _____

REFERENCES:

BANK _____

ADDRESS: _____

ACCOUNT #: _____ HOW LONG: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

REFERENCES:

1. NAME: _____

PHONE _____ FAX: _____

ADDRESS: _____ NO. OF YRS IN BUSINESS: _____

2. NAME: _____

PHONE _____ FAX: _____

ADDRESS: _____ NO. OF YRS IN BUSINESS: _____

3. NAME: _____

PHONE _____ FAX: _____

ADDRESS: _____ NO. OF YRS IN BUSINESS: _____

DATED AT: _____ THIS _____ DAY OF _____ 20 _____

COMPANY OFFICAL _____ TITLE: _____