



**CREDIT APPLICATION**

Please fax to 604-552-0650

Cloudburst Designs Inc.

2405 Canoe Avenue, Coquitlam, BC V3K 6A9

Registered Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: Sole Owner  Partnership  Limited Company

Contact Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

**Principal owners/directors**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

New company/organization  Year incorporated: \_\_\_\_\_

Years in business under present ownership: \_\_\_\_\_

Owner  Tenant  of current business location

Previous company name (if new): \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of credit applying for: \$ \_\_\_\_\_

PST # (BC customers): \_\_\_\_\_ Federal ID# (US customers): \_\_\_\_\_

**Trade references** (preferably resale merchandise suppliers)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Terms:** Cloudburst Designs Inc. terms of sale to approved credit accounts are net 30 days from date of invoice. 2% interest is charged per month on overdue balances (18% per annum).

I hereby state that the information provided to Cloudburst Designs Inc. is correct to the best of my knowledge and agree to comply/accept the terms as stated. **Consent Clause:** I hereby authorize Cloudburst Designs Inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or any other direct business requirement.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_