



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: _____ Postition: _____

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 businesss requirement.

Signature: _____ Position: _____ Date: _____