



CREDIT APPLICATION FORM

Company Information

Company Name _____

Address _____

Province/State _____ Postal/Zip Code _____ Country _____

Phone _____ Fax _____

Contact Person _____ Position _____

Type of Organization Corporation Proprietorship Partnership Other Date of Business Commenced _____

GST No./Federal Tax ID _____ PST No. _____

Billing Address (if different from above)

Address _____ City _____

Province/State _____ Postal/Zip Code _____ Country _____

Phone _____ Fax _____

A/P Contact Person _____ Email _____

Bank Information

Bank Name _____ Branch _____

Address _____ City _____

Province/State _____ Postal/Zip Code _____ Country _____

Phone _____ Fax _____

Account Number _____ Type of Account _____

Business/Trade References

Company Name _____

Address _____ City _____

Province/State _____ Postal/Zip Code _____ Country _____

Phone _____ Fax _____

Company Name _____

Address _____ City _____

Province/State _____ Postal/Zip Code _____ Country _____

Phone _____ Fax _____

Company Name _____

Address _____ City _____

Province/State _____ Postal/Zip Code _____ Country _____

Phone _____ Fax _____

1. By signing this application, you authorize WhiteApple to obtain credit and Bank Information as deemed necessary to establish and maintain credit privileges.
2. WhiteApple may cancel credit without notice.
3. All invoices are to be paid within 30 days from the date of the invoice. Any overdue accounts is subject to monthly finance charges of 2% (24% annually)
4. Any claims arising from invoices must be reported within 5 days

Authorized Signature

Date

Position