

GREEN LINER PRODUCE Ltd

151 Regal Rd. Guelph, On N1K 1E2
Tel: (519) 829-4801 Fax: (519) 822-3335
Toll Free: 1-888-488-9888

CREDIT APPLICATION

To avoid delays in the opening of your account, please fax to accounting manager. All information provided here will remain confidential.

Business Name: _____ Telephone: _____
Billing Address: _____ Fax: _____
City: _____ Province: _____ Postal Code: _____
Shipping Address: _____
Produce Being Purchased: _____
Estimated Weekly Purchased: _____
Full Legal Name: _____ In Business Since: _____

The Business is: A Corporation A Sole Proprietorship A Partnership

Officers: _____
Acct's Payable Contact: _____ Telephone: _____

Bank Name: _____ Contact: _____
Address: _____ Fax: _____

Reference (1): _____ Contact: _____
Address: _____ Fax: _____
Reference (2): _____ Contact: _____
Address: _____ Fax: _____
Reference (3): _____ Contact: _____
Address: _____ Fax: _____

Terms

1. I, undersigned, attest that all the information provided above is true to the best of my knowledge.
2. All late payments will be subject to a 2% per month administration charge (24% per annum.)
3. It is understood that our company and credit history profile will be taken and I agree to this.
4. I, the undersigned, an authorized person within this organization to request for credit and request to do business with **Green Liner Produce Ltd.**
5. I understand and accept the term and conditions mentioned above.

Date: _____ Name (Capital Letters) _____ Signature: _____

For Office Use Only – Do Not Write Below This Line

Manager's suggested credit limit: _____ Credit limit approved of: _____
The terms of sale are net ____ days from date of invoice
Credit Declined: _____ Date: _____
Signature (Manager) _____ Signature (VP Finance) _____