



CREDIT APPLICATION

PLEASE PRINT LEGIBLY
OR TYPE THIS FORM

Date _____

BUSINESS NAME	BUSINESS PHONE
ADDRESS CITY, PROVINCE	POSTAL
NAME OF OWNER	
ADDRESS OF OWNER	POSTAL

DATE ESTABLISHED	PROPRIETORSHIP	PARTNERSHIP	CORPORATION
------------------	----------------	-------------	-------------

BANK

NAME	COMPLETE ADDRESS	ACCT NUMBER	ACCOUNT TYPE
			CHEQUING SAVINGS

GST #	
PST #	
Accounts Payable Contact Email	
Invoicing Email	

TRADE REFERENCES

NAME	COMPLETE ADDRESS	POSTAL	PHONE NUMBER
#1			
#2			
#3			

We authorize JSA Sales Inc. to obtain credit information from the companies and bank listed above.

CREDIT LIMIT DESIRED \$	IS A ORDER PENDING?	AMOUNT OF INITIAL ORDER? \$
-------------------------	---------------------	-----------------------------

Application signature attests financial responsibility, and willingness to pay our invoices in accordance with our terms, and agrees to pay all collection costs and reasonable legal fees if suit is instructed.

* Signature

* Signature

* IF PROPRIETORSHIP OR PARTNERSHIP, OWNER MUST SIGN;
IF CORPORATION, TWO OFFICERS MUST SIGN

JSA SALES INC. REPRESENTATIVE