



B. Zee Brokerage Ltd.

Credit Application

Company Name:		
Mailing Address:		
City:	Prov.	Postal Code:
Telephone:	Fax:	

COMPANY INFORMATION

Type of Business:	In Business Since:	Requested Credit Limit:	
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Names of Company Principal Officer Responsible for Business Transactions:		Title:	
Address:	City:	Prov.:	Postal Code::
Name of Other Company Partner/Officer:		Title:	
Address:	City:	Prov.:	Postal Code:

BANK REFERENCES

Institution Name:	Branch:	Account No:
Contact Name:	Telephone:	Fax:

REFERENCES:

Company Name: (carrier, agent or broker)	Company Name: (trade reference)
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:
Account Opened Since:	Account Opened Since:
High Credit:	High Credit:
Current Balance:	Current Balance:

Terms of Credit:

All bills are due and payable on receipt. Interest will be charged at the rate of 2% per month on all outstanding amounts for which payment is not received within 30 days from date of invoice.

I acknowledge that the terms of payment of B. Zee Brokerage account are DUE UPON RECEIPT OF INVOICE, unless otherwise agreed to in writing. Failure to comply with payment instructions may be sufficient cause for B. Zee Brokerage to suspend credit privileges.

_____ *Signature* _____ *Date*

1214A KAMATO RD.
 MISSISSAUGA, ONT. L4W 1Y1
 TEL: (905)624-3033 FAX: (905)624-5033