APPLICATION FOR CREDIT

COMPANY NAME IN FULL			D.B.A. NAME
ADDRESS	CITY	PROVINCE	POSTAL CODE
SHIP TO ADDRESS	CITY	PROVINCE	POSTAL CODE

TEL ( )	FAX ( )	PROVINCIAL SALES TAX NUMBER

LEGAL ORGANIZATION TYPE __ Proprietorship __ Partnership __Corporation	FINANCIAL STMT YEAR END _____ Mo. ____ Yr ____	STARTED BUSINESS DATE	YRS AT PRESENT LOCATION

OWNER OR PRINCIPAL STOCKHOLDER (1)	TITLE
HOME ADDRESS	

HOME PHONE ( )	BUSINESS PHONE ( )	HOW LONG AT PRESENT POSITION?

OTHER PRINCIPALS/OFFICERS (2)	TITLE	ADDRESS
(3)		
ACCOUNTS PAYABLE CONTACT		

DO YOU OPERATE FROM - PREMISES? – CHECK ONE OWNED ___ OR LEASED ___	RENT PER MONTH $
SALES LAST FISCAL YEAR $	ESTIMATED CREDIT LINE REQUESTED

BANK REFERENCES

BANK NAME	BANK BRANCH	ADDRESS	ACCOUNT NUMBER

TRADE REFERENCES (PLEASE STATE ADDRESS IN FULL)

FIRM NAME (1)	ADDRESS
(2)	
(3)	
(4)	

I, the undersigned agree that all purchases will be paid according to the stated terms of purchase and further agree to pay a service charge of 1% monthly (12% per annum) on all past due amounts.

Authorized Signature Title Date

R.M.P. Athletic Locker Ltd.
6085 BELGRAVE RD, MISSISSAGUA, ONTARIO L5R 4E6
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