



NEW ACCOUNT

Please send a copy of your company registration **General Information**

Business name : _____

Nature of business : _____

Address : _____ City : _____ Province : _____

Postal code : _____ Tel. : () _____ Fax. : () _____

Credit limit asked: _____ Number of years in business: _____
 (Financial statements are required for credit limit up to \$30 000)

Business category : Incorporation Association Private company Affiliate

Business Directors

Name : _____ Title : _____

Name : _____ Title : _____

Contact for suppliers account : _____

Tel. : () _____ Fax. : () _____ E-mail : _____

Bank References

Bank : _____ Contact : _____

Address : _____ City : _____ Province : _____ Postal code : _____

Tel. : () _____ Fax. : () _____ Account number : _____

Trade References

•Company name : _____	Contact : _____
City : _____ Tel. : () _____	Fax. : () _____
•Company name : _____	Contact : _____
City : _____ Tel. : () _____	Fax. : () _____
•Company name : _____	Contact : _____
City : _____ Tel. : () _____	Fax. : () _____

I certify that the information contained in this application is true and correct. I understand that this information will be kept confidential. Furthermore, I confirm that I have authorized the bank and trade references listed in this credit application to release all the necessary information to Info-LaSalle.

Signature : _____ Title : _____ Date : _____