

FITCH SURVEILLANCE SYSTEMS

APPLICATION FOR CREDIT ACCOUNT

Print out this document and fill in all fields. Failure to enter all fields of information may cause delays in processing your credit application. Fax the completed application to us at (416) 235-1226. Please allow 5 to 7 days for processing. We would be happy to notify you upon completion of our credit investigation upon request.

COMPANY INFO:

Company Name: _____

Sole Proprietorship Partnership Corporation

Billing Address: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Tel No.: _____ Fax No.: _____

G.S.T Number: _____

P.S.T Number: _____

Nature of Business: _____

Years in Business: _____ Premises: Owned
 Leased (expires _____)

PRINCIPLES IN BUSINESS:

Name: _____ Title: _____

Home Address: _____

Name: _____ Title: _____

Home Address: _____

Accounting: _____

Purchaser: _____

BANK INFO

Name: _____

Address: _____

Tel No.: _____ Fax No.: _____

Contact: _____

Acct. No: _____

TRADE REFERENCES:

1) Company Name & Address: _____

Tel: _____ Fax: _____

Contact: _____

2) Company Name & Address: _____

Tel: _____ Fax: _____

Contact: _____

3) Company Name & Address: _____

Tel: _____ Fax: _____

Contact: _____

Would you accept COD pending completion of credit information?

Yes (please complete the credit card info below) No

Credit Card Number: _____

VISA or Mastercard

Expiry: _____ Cardholder: _____

Please indicate amount of credit requested: \$ _____

I/We hereby authorize Fitch Surveillance Systems to proceed with whatever credit investigation is necessary to process this application. Customers' signature shall constitute acknowledgment and approval of the above.

Customer Signature: _____

Date: _____

INTERNAL USE ONLY (Credit Department)

Date Received: _____ Date Approved: _____

Credit Limit: _____ Terms: C.O.D.
 Open Account

Customer #: _____