

# Credit Application Agreement

**CREDIT TERMS**

- All accounts rendered by     Mel V Inc.     are to be paid within 30 days from statement date unless otherwise contracted.
- Failure to settle accounts as required will be considered sufficient cause for immediate cancellation of credit.

**Name of Business & Billing Address**

|                       |             |
|-----------------------|-------------|
| LEGAL NAME OF COMPANY | TEL #       |
| TRADE NAME (IF ANY)   | FAX #       |
| STREET                | GST #       |
| CITY & PROVINCE       | POSTAL CODE |

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**Mailing Address (If Different)**

|                             |
|-----------------------------|
| STREET                      |
| CITY, PROVINCE, POSTAL CODE |

**Head Office Address (If different than Billing Address)**

|                             |         |
|-----------------------------|---------|
| STREET                      |         |
| CITY, PROVINCE, POSTAL CODE | TEL NO. |

**Form of Business (Check Appropriate Box)**

- PROPRIETORSHIP                       PARTNERSHIP                       CORPORATION  
 OTHER  
 Describe if other \_\_\_\_\_

**Full Names & Addresses of Owners (If Other than Corporation)**

| 1. NAME | ADDRESS | PHONE |
|---------|---------|-------|
| 2. NAME | ADDRESS | PHONE |
| 3. NAME | ADDRESS | PHONE |
| 4. NAME | ADDRESS | PHONE |

**Other Company Information** NAME OF PARENT COMPANY & AFFILIATION (IF ANY)

|                       |                     |
|-----------------------|---------------------|
|                       |                     |
| NATURE OF BUSINESS    |                     |
| DATE BUSINESS STARTED | NUMBER OF EMPLOYEES |

- Premised (Check Appropriate Box)**       OWNED                       RENTED

**Bank Reference**

