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## CREDIT APPLICATION COMMERCIAL

(15<sup>th</sup> MF Terms)

Name of Business:	No of Years in Business:		
Address:			
Phone #:	Fax #:		
Email:			
Name of Person Making Application:	Position:		
Check one of the following: Corporation	on Partnership Proprietorship		
If incorporated, list names of Officers. If proprietor and their SIN #.	partnership or proprietorship, list names of partners and/or		
1	SIN#		
2	SIN#		
Amount of Credit Requested:			
Preferred Payment Method:			
○ Cash ○ Cheque ○ PAD (Bank) (	Online/Telephone Banking O Email Transfer O EFT		
Trade References:			
Name:	Contact:		
Address:			
Phone: Email:	Account #No of Years:		

Name:		Contact:		
Address:				
Phone:	Email:	Account #	No of Years:	
Name:		Contact:		
Address:				
		Account #	No of Years:	
Bank Informati	on:			
Bank Name:		Contact:		
Address:				
Phone:	Email:	Account #	No of Years:	
contract; author	orizing Renway Energy In	the business and has the a corporated to obtain credit a 1. Please advise your bank	information from the	
Signature:		Title:		
Name:	(Please Print)	Date:		
Has the applicant	or any principle ever filed for	bankruptcy?	No	
If yes, state whom	n and when:			

Trade References (cont'd):

Credit Terms of Sale(s): Total owing due on or before the 15<sup>th</sup> of the following month; any costs incurred by Renway Energy Inc, for legal or collection fees are payable by the customer above and beyond any outstanding receivable(s).\_\_\_\_\_(Initials)

PLEASE NOTE THAT ALL SECTIONS ON THIS FORM MUST BE FILLED OUT IN ORDER TO PROCESS YOUR APPLICATION FOR CREDIT.