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**CREDIT APPLICATION FOR A BUSINESS ACCOUNT
 BUSINESS CONTACT INFORMATION**

Company Name: _____
 Phone: _____ Fax: _____
 Address: _____
 City: _____ State: _____ Postal Code: _____
 Date business commenced: _____
 Sole proprietorship: _____ Partnership: _____ Corporation: _____
 Billing Address (if different from above): _____
 Bill to: _____
 Bill to address: _____
 A/P Contact Name: _____ Phone: _____
 Fax: _____ e-mail: _____
 Bank Information: _____
 Bank Name: _____
 Contact Name: _____ Account #: _____
 Phone: _____ Fax: _____
 Address: _____
 City: _____ State: _____ Postal Code: _____

BUSINESS/TRADE REFERENCE

Company Name: _____
 Phone: _____ Fax: _____
 Address: _____
 City: _____ State: _____ Postal Code: _____
 Company Name: _____
 Phone: _____ Fax: _____
 Address: _____
 City: _____ State: _____ Postal Code: _____
 Company Name: _____
 Phone: _____ Fax: _____
 Address: _____
 City: _____ State: _____ Postal Code: _____
 Credit Amount Requested: _____

TERMS AND CONDITIONS

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Kaizen Lab to make inquiries into the banking and business/trade references that you have supplied

SIGNATURE

Name (please print): _____ Title: _____
 Signature: _____ Date: _____