



Specialty Beverage Solutions  
 137 Elgin Place SE  
 Calgary, AB T2Z 4V9  
 Phone: (403) 880-2900  
 Fax (403) 770-9790

## CREDIT APPLICATION

### BILLING/SHIPPING INFORMATION

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

### BUSINESS INFORMATION

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Subsidiary of or \_\_\_\_\_ Division of \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Years in Operation: \_\_\_\_\_  
 President/CEO: \_\_\_\_\_ BIN: \_\_\_\_\_  
 A/P Manager: \_\_\_\_\_ Sales Per Year: \_\_\_\_\_

### BANK INFORMATION

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### TRADE REFERENCES

Reference 1: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Reference 2: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Reference 3: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

### CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

*Attention Bank and Trade References:* Please provide information on all accounts listed as well as any loan information. You will be serving our interest best if you provide the information over the phone. Thank you.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

I hereby certify the above information to be true.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_