

# Special Needs Computers Inc

## CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
Registered company address City, Province, PC			

### BUSINESS AND CREDIT INFORMATION

City, Province, PC		Bank name:	
How long at current address?		Primary business address City, Province, PC	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	

### BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, Province, PC		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Province, PC		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Province, PC		E-mail	
Type of account		Other	

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Special Needs Computers Inc to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	