

**IMPORTANT - THIS FORM MUST BE COMPLETED IN FULL AND SIGNED**

Date:

APPLICANT COMPANY		
Company Name:	Mailing Address:	Shipping Address (if different):
Contact:	Tel:	Email:
Company Officers:	Name: Name: Name:	Position: Position: Position:
Date of Incorporation:	P.S.T. Number:	DUNS Number:

FINANCIAL INSTITUTION		
Bank Name:	Address:	Account Number: Transit Number: Account Name:
Contact:	Tel:	Email:

COMMERCIAL REFERENCES		
Please list three (3) credit accounts you are currently purchasing from:		
Vendor Name:	Address:	Contact: Tel: Email/Fax:
Vendor Name:	Address:	Contact: Tel: Email/Fax:
Vendor Name:	Address:	Contact: Tel: Email/Fax:
<b>Estimated Monthly Credit: \$</b>		

Authorization is hereby given to Applifast Inc. to contact any of the above references. I understand and agree to the following terms of sale: All accounts are due when rendered. Payment is to be made within 30 days of invoice date unless otherwise authorized in writing. Interest will be charged at 2% per month (24% per annual) on all invoices which are more than 30 days in arrears. All payments are to be made to Applifast Inc. at the above address. All sales are subject to our terms and conditions of sale, a copy of which is attached and available on request. Failure to comply with these terms would be grounds for termination of credit.

AUTHORIZED SIGNATURE	PRINT NAME	POSITION



