

**CREDIT APPLICATION FORM**

**Infinite Cables Inc.**  
 421 Bentley St. Unit 9  
 Markham, ON. L3R 9T2

Tel: 905-477-4433  
 Fax: 905-477-4454  
 Toll Free: 1-866-207-6442  
 Email: sales@infinitecables.com  
 Email: sales@phantomcables.com

**Company Information:**

Operating Name: \_\_\_\_\_ Date Established: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Bill to Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Company Principal(s):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Authorized Purchasing Agent:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Accounts Payable Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

Has the company ever declared bankruptcy? Yes No If yes, when: \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_ Terms: \_\_\_\_\_

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**Banking Information:**

|                      |       |               |       |
|----------------------|-------|---------------|-------|
| Bank Name:           | _____ | Account Type: | _____ |
| Branch:              | _____ | Account:      | _____ |
| Address              | _____ | Telephone:    | _____ |
| Bank Officer's Name: | _____ | Fax:          | _____ |

**Trade References:**

|               |       |            |       |
|---------------|-------|------------|-------|
| Company Name: | _____ | Telephone: | _____ |
| Contact Name: | _____ | Fax:       | _____ |
|               |       | Email:     | _____ |
| Company Name: | _____ | Telephone: | _____ |
| Contact Name: | _____ | Fax:       | _____ |
|               |       | Email:     | _____ |
| Company Name: | _____ | Telephone: | _____ |
| Contact Name: | _____ | Fax:       | _____ |
|               |       | Email:     | _____ |
| Company Name: | _____ | Telephone: | _____ |
| Contact Name: | _____ | Fax:       | _____ |
|               |       | Email:     | _____ |

I certify the above information is complete and accurate. I authorize Infinite Cables Inc. to contact our references and verify credit info. If extended credit, I agree to pay within the terms set out on the invoice(s).

I have read, understood, and agree to the above:

|            |       |        |       |
|------------|-------|--------|-------|
| Name:      | _____ | Title: | _____ |
| Signature: | _____ | Date:  | _____ |