

CREDIT APPLICATION FORM

Infinite Cables Inc.
 3993 14th Avenue
 Markham, ON. L3R 4Z6

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:	_____