



REQUEST FOR CREDIT

LOG BOOKS UNLIMITED

(PLEASE FAX YOUR ORDER IN WITH THIS FORM)

BILL TO: (Show complete legal company name and address)

SHIP TO:

Name:
Address:
Tel: Fax:
Email:

Name:
Address:
Tel: Fax:
Email:

Parent Company:

Purchasing Contact: Tel.:

Type of Company:

A/P Contact: Tel.:

- Limited Company Individual
Sole Proprietorship Partnership

Type of Business:

President or Owner:

Annual Sales Volume:

Other Officers: (name/title)

No. of Employees:

Premises Owned or Rented:

Date Business Established:

Estimated Monthly Purchases:

Value of Initial Order:

Bank and Trade References

Table with columns: BANK NAME, BRANCH NAME OR LOCATION, ACCOUNT No., REFERENCE #, CONTACT, PHONE No., ANNUAL \$ PURCHASES, FAX, EXT.

I hereby certify the information shown above is true and correct. I understand this data will be utilized by Log Books Unlimited to determine whether or not to extend credit, and that the provision of false data by me may constitute criminal fraud.

PRINT NAME OF AUTHORIZED SIGNATOR TITLE AUTHORIZED SIGNATURE YEAR / MONTH / DAY

650 Runnymede Rd. Toronto, Ontario, Canada M6S 3A2

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