



Swastika Laboratories Ltd.
Assaying – Consulting – Representation
P.O. Box 10, Swastika, Ontario P0K 1T0
Tel: (705) 642-3244 Fax: (705) 642-3300
E-Mail: swaslab@nt.net

Business Credit Application for Customers

Registered/Principal Company Name: _____

Operating Company Name: _____

Contact Person: _____ Title: _____

Email Address: _____

Telephone Number: _____ Fax Number: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Company Type:
 Incorporation Partnership Proprietorship

Type of Business: _____

Year Business Started: _____

Accounts Payable Contact: _____

Email Address: _____

Telephone Number: _____ Fax Number: _____

Banking Information:

Name of Main Bank: _____ Address: _____

Contact: _____ City: _____

Telephone Number: _____ Province: _____

Fax Number: _____ Postal Code: _____

Trade References: Please provide information for three major suppliers with whom you have credit

1 Company Name: _____

Contact: _____ Telephone Number: _____ Fax Number: _____

2 Company Name: _____

Contact: _____ Telephone Number: _____ Fax Number: _____

3 Company Name: _____

Contact: _____ Telephone Number: _____ Fax Number: _____

Amount of Credit Requested (net 30 days from date of invoice): _____

I, _____, am duly authorized to complete this application and I confirm that the confidential information provided above is correct to the best of my knowledge. I further authorize **Swastika Laboratories Ltd.** to make investigations of our credit standing for which this application is made.

Signature: _____ Date: _____

Applicant's Name: _____ Title: _____

Please mail a signed copy of this application to:
Swastika Laboratories Ltd.,
Attention: Accounting Department
P.O. Box 10, 1 Cameron Ave., Swastika, Ontario, P0K 1T0

And send a signed copy to our fax no.:
705-642-3300