



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@swaslab.ca

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