



SelectCom Supply Inc.

CATV, DATA, CCTV, Security, Telecom, Home Theater

CREDIT APPLICATION FORM

DATE: _____

CREDIT REQUESTED: \$ _____

PURCHASER: _____

EMAIL: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

GST#: _____

PST#: _____

Corporation _____ Partnership _____ Proprietorship _____

NAME OF OFFICER: _____

YEAR ESTABLISHED: _____

AP CONTACT: _____

EMAIL: _____

TRADE REFERENCE:

1 _____ Address _____

Contact _____ Phone _____ Fax _____

2 _____ Address _____

Contact _____ Phone _____ Fax _____

3 _____ Address _____

Contact _____ Phone _____ Fax _____

BANK REFERENCE:

Bank _____

Branch/Address _____

Phone _____

Manager _____

I/We make application for open terms and certify that the information given for the purpose of opening this account is true.

I/We authorize verification of the information contained on this application.

Authorized Signature of Applicant & Title

Date

public/website/forms/credit application form

TERM: NET 30 DAYS FROM DATE OF INVOICE, INTEREST CHARGED 2% PER MONTH (24% PER ANNUM) ON OVERDUE AMOUNT