



CREDIT APPLICATION AND INFORMATION UPDATE FORM

*Please complete and return via fax or email at your earliest convenience.

GENERAL BUSINESS INFORMATION

Company Name: _____ DBA: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____
 Telephone: _____ Email: _____
 Cellphone: _____ GST/HST #: _____
 Fax: _____ PST #: _____

PST Exemption Number (Manitoba): _____
 Corporation, Partnership or Sole Owner (choose which applies): _____
 Name of Owner or Major Shareholder: _____

Years in Business: _____ Telephone: _____
 Company Bank Name: _____ Contact: _____

REQUESTED CREDIT LIMIT: \$ _____

TRADE REFERENCES (MUST BE COMPLETED)

1. Supplier Name: _____ Address: _____
 Telephone: _____ Contact: _____

2. Supplier Name: _____ Address: _____
 Telephone: _____ Contact: _____

AUTHORIZED SIGNATURE

*I TESTIFY THAT I HAVE THE AUTHORITY TO PURCHASE ON MY COMPANYS BEHALF AND AGREE TO PAY ALL INVOICES FROM UBC GROUP CANADA.
 I GIVE MY CONSENT TO UBC GROUP CANADA TO CHECK OUR BUSINESS SUMMARY REPORT WITH EULER HERMES.
 INTERESTS ON OVERDUE ACCOUNTS THAT IS OVER 90 DAYS IS CHARGED AT 2% PER MONTH, 24% PER YEAR.
 \$25.00 FEE FOR A CHECK RETURNED NSF.*

Name of Authorized Purchaser(s) : _____

Authorized Signature: _____ Date: _____

Print Name(s): _____ Title: _____

PERSONAL GUARANTEE (OPTIONAL)

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

_____	_____	_____	_____	_____	_____
Name	Title	Date	Name	Title	Date



EULER HERMES

BANK AUTHORIZATION FORM

CONFIDENTIALITY NOTICE

This fax may contain confidential information protected by law. If it is not addressed to you, do not copy it or its contents to anyone else, unless authorized to do so. If you receive this fax in error, please call us, reverse charges, and return it as soon as possible to us (we will reimburse postage).

BANKING INFORMATION

Bank Name: _____

Bank Complete Address: _____

Account Manager: _____

Account Number: _____

Transit Number: _____

Bank Phone Number: _____

Bank Fax Number: _____

This is to certify that Euler Hermes has been authorized to obtain a commercial credit rating including percentage utilization on all borrowing activities and figure ranges on commercial account.

Authorized signing officer: _____ Date: _____

Please fax the information to the attention: _____

At the following fax number: _____

With the subject mentioning a coverage request with: _____

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