

OvisLink (Canada) Inc.

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CREDIT APPLICATION

Please complete and return this FORM to OvisLink (Canada) Inc by fax or email. ****Please Type****

Legal Company Name: _____

O/A: _____

Mailing Address: _____

Chief Financial Officer or Name _____

Controller: Phone # _____ Fax # _____

Email: _____

Accounts Payable Contact: Name _____

Phone # _____ Fax # _____

Email: _____

Bank Information: Bank _____

Address _____

Contact _____

Tel: _____ Fax: _____

Email: _____

Your Sales Representative: _____

Trade References:

.1. Company: _____

Address _____

Tel: _____ Fax: _____

Contact: _____ Email _____

.2. Company: _____

Address _____

Tel: _____ Fax: _____

Contact: _____ Email _____

.3. Company: _____

Address _____

Tel: _____ Fax: _____

Contact: _____ Email _____

I authorize OvisLink (Canada) Inc. to obtain such factual & investigative information regarding me from others as permitted by law. To furnish to her consumer credit grantors & credit bureaus particulars of the credit application and subsequent credit experience if application and to retain this application for the records of OvisLink (Canada) Inc.

Signature: _____ Title: _____ Date: _____