

# FITCH SURVEILLANCE SYSTEMS

## APPLICATION FOR CREDIT ACCOUNT

Print out this document and fill in all fields. Failure to enter all fields of information may cause delays in processing your credit application. Fax the completed application to us at (416) 235-1226. Please allow 5 to 7 days for processing. We would be happy to notify you upon completion of our credit investigation upon request.

### COMPANY INFO:

Company Name: \_\_\_\_\_

Sole Proprietorship       Partnership       Corporation

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

G.S.T Number: \_\_\_\_\_

P.S.T Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Premises:  Owned  
 Leased (expires \_\_\_\_\_)

### PRINCIPLES IN BUSINESS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Accounting: \_\_\_\_\_

Purchaser: \_\_\_\_\_

### BANK INFO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact: \_\_\_\_\_

Acct. No: \_\_\_\_\_

### TRADE REFERENCES:

1) Company Name & Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

2) Company Name & Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

3) Company Name & Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Would you accept COD pending completion of credit information?

Yes (please complete the credit card info below)       No

Credit Card Number: \_\_\_\_\_

VISA or Mastercard

Expiry: \_\_\_\_\_ Cardholder: \_\_\_\_\_

Please indicate amount of credit requested: \$ \_\_\_\_\_

I/We hereby authorize Fitch Surveillance Systems to proceed with whatever credit investigation is necessary to process this application. Customers' signature shall constitute acknowledgment and approval of the above.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### INTERNAL USE ONLY (Credit Department)

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Terms:       C.O.D.  
 Open Account

Customer #: \_\_\_\_\_