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CREDIT APPLICATION

Date: _____

Company Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone #: () _____ - _____ Fax #: () _____ - _____

Type of Business: Medical Dental Corporate Other _____

Date Established: _____

Affiliated Companies: _____

Company Officers: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

CREDIT INFORMATION

Annual Sales: _____

Credit Requested: _____

Bank Name: _____

Account #: _____ Branch #: _____

Branch Address: _____

Bank Contact: _____

Phone #: () _____ - _____ Fax #: () _____ - _____

REFERENCES

Name	Phone # (not toll free)	Fax #
1. _____	() _____ - _____	() _____ - _____
2. _____	() _____ - _____	() _____ - _____
3. _____	() _____ - _____	() _____ - _____

Credit Authorization: 1. _____ Credit Limit: _____ Terms: _____

2. _____ Credit Limit: _____ Terms: _____

