

# APPLICATION



## General Information

Company legal name (in full): \_\_\_\_\_  
Operating name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ K YVgJhY. \_\_\_\_\_

Please indicate type of business: Corporation Partnership Proprietorship Other  
Please indicate head office address (if applicable): \_\_\_\_\_  
Date established: \_\_\_\_\_ HmdY'cZ]bXi ghfm \_\_\_\_\_

## Company Principals' Information

1. DIRECTOR Name: \_\_\_\_\_ Driver's Licence #: \_\_\_\_\_  
PRESIDENT Home Street Address: \_\_\_\_\_ Own Rent  
SECRETARY City, Province, Postal Code: \_\_\_\_\_  
TREASURY Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
% OWNER \_\_\_\_\_ S.I.N.: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_  
2. DIRECTOR Name: \_\_\_\_\_ Driver's Licence #: \_\_\_\_\_  
PRESIDENT Home Street Address: \_\_\_\_\_ Own Rent  
SECRETARY City, Province, Postal Code: \_\_\_\_\_  
TREASURY Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
% OWNER \_\_\_\_\_ S.I.N.: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_

## Banking Information

Name of bank: \_\_\_\_\_ Account No.: \_\_\_\_\_ How long with bank: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact name: \_\_\_\_\_

## Business Information

Average monthly sales: \$ \_\_\_\_\_ Approx. no. of active customers: \_\_\_\_\_ Terms of sale: \_\_\_\_\_  
Average amount per invoice: \$ \_\_\_\_\_ Current account receivables open: \$ \_\_\_\_\_  
Are you financing invoices now? Yes: No: If yes, which company: \_\_\_\_\_  
Are your receivables pledged as collateral? Yes: No: If yes, to whom: \_\_\_\_\_  
Number of employees: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Referred to IPS by: \_\_\_\_\_

The undersigned, one person or each of them if more than one, certify the above information to be true and correct, and hold signing authority for said company and/or corporation. Consent is hereby given for the disclosure of credit information anytime, to any credit grantor or credit reporting agency with which the undersigned company has or may have financial relations.

Authorized signature: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_  
Full Legal Name: \_\_\_\_\_ Full Legal Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Dated: \_\_\_\_\_

## In order to open an account for your company we require copies of the following documents:

- ▶ Articles of Incorporation
- ▶ Most recent financial statements
- ▶ Proof of operating insurance
- ▶ Complete Accounts Receivable Aging report
- ▶ List of Company's customers
- ▶ Operating licence and C.V.O.R. (transportation industry ONLY)