



CREDIT APPLICATION - TopSources Lab Inc.
 Unit 3, 13520 Crestwood Place, Richmond, BC V6V 2G2
 Tel (604) 273-8631 Toll Free 1-877-867 2738 Fax (604) 273-3467

Legal Business Name: _____
Trade Name: _____ **Date Business Established:** _____
Address: _____
City: _____ **Province:** _____
Postal Code: _____ **Phone#** _____ **Province:** _____
Organization () **Corporation ()** **Partnership ()** **Proprietorship ()**

List full names, addressed and titles of all officers, partners or owners:

Name: _____ Position: _____ Phone: _____
 Address: _____
 Name: _____ Position: _____ Phone: _____
 Address: _____
 Name: _____ Position: _____ Phone: _____
 Address: _____

Bank Information

Bank: _____ Location: _____
 Phone# _____ Fax# _____ Transit# _____
 Contact Name: _____ Account# _____

Trade Information

Date Business Established: _____

1. Company: _____ Location: _____
 Phone# _____ Fax# _____ Contact: _____
 1. Company: _____ Location: _____
 Phone# _____ Fax# _____ Contact: _____

CREDIT AMOUNT REQUESTED: _____

I/We expressly consent to TOPSOURCES LAB INC. and/or EDC to obtain any informations containing credit or peronsl informations that is required in obtaining credit from Topsources Lab Inc.

I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from Topsources Lab Inc. and will remain confidential.

Signed: _____ **Position:** _____ **Date:** _____

(Someone with signing authority for the bank listed, must sign this credit application.)