

G.Mcfeeters Enterprises Inc.  
Box 32083 Stone Church Postal Outlet  
Hamilton Ontario, Canada L8W 3L3  
Phone: 1 800 350 8046  
Fax: 905 643 7021

### Application For Commercial Credit

Full legal Name: \_\_\_\_\_  
Operating Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_

Shipping Address (If different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cel: \_\_\_\_\_

Contact: \_\_\_\_\_ Acct. Payable: \_\_\_\_\_

IRS # (Tax I.D. #): \_\_\_\_\_ - \_\_\_\_\_

Applicant legal Status: \_\_\_\_\_ Sole proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Date Business Started: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

#### Trade (Supplier) Credit References (Major)

Name of Supplier:	Address:	Phone:	Fax:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Banking Detail

Bank: \_\_\_\_\_ Acct # \_\_\_\_\_

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

Account Manager: \_\_\_\_\_

In consideration of G. McFeeters Enterprises Ltd. Granting credit to the undersigned, I, the undersigned, hereby jointly and severally guarantee payment of all amounts owing for the services or supplied rendered to me.

I HEREBY AUTHORIZE G. McFeeters Enterprises Ltd. to conduct inquiries into the credit history of the undersigned, and upon request by other creditors, release information pertaining to this account.

Dated this \_\_\_\_\_ By: \_\_\_\_\_

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