

CREDIT APPLICATION



KLo Outerwear Canada

COMPANY LEGAL NAME

COMPANY ADDRESS

CITY, PROVINCE, POSTAL CODE

TELEPHONE# : _____

FAX# : _____

INVOICING (VIA EMAIL)

EMAIL ADDRESS : _____

TYPE OF ORGANIZATION : INCORPORATION COMPANY SINGLE OWNER OTHER

ADMINISTRATION / OWNERSHIP

INCORPORATION DATE (yyyy/mm/dd)

ACCOUNT PAYABLES REPRESENTATIVE

FINANCIAL DETAILS

BANK: _____ ACCOUNT DIRECTOR : _____

ACCOUNT#: _____ TRANSIT#: _____

ADDRESS : _____ TEL#: _____

TRADE REFERENCES (COMPANY NAME, CONTACT, TEL#)

1) _____

2) _____

I hereby certify that all details disclosed above are exact and truthful. I also authorize KLo Outerwear Canada to use such information in order to validate our identity, evaluate our credit limit as well as our purchasing conditions. I consent to KLo Outerwear Canada obtaining any information via credit agencies or financial institutions. Thank you for sending this duly signed form by email to admin@klocanada.com.

Signature and Printed name of authorized representative

Date