

Distribution Centre 250 Alison Blvd

250 Alison Blvd Fredericton, NB E3C 0A9

Prospect Retail Store 896 Prospect Street Fredericton, NB E3B 2T8 Woodstock Retail Store 127 Queen Street Woodstock, NB E7M 2M8

Tel: (506) 328-9991 Fax 328-4532

Tel: (506) 458-8333 Fax 453-1009 Tel: (506) 458-8333 Fax 453-1589

CREDIT APPLICAT	ION				
Company Name:					
Billing Address:					
City:	Province:			Postal Code:	
Phone No:	Fax No:				
Shipping Address:					
City:	Province:		Postal Code:		
TYPE OF BUSINESS: Proprietorship	p Partnership Corporation		Other(spe	cify)	
Payment Method : Credit Card	EFT: CO	DD:ON ACCO	OUNT:		
Amount of Credit Requested:					
P.O. Numbers Used: Yes No	E	mail Address for S	Statements		
AP Contact Name:	Email Address:				
Purchasing Contact:	Email Address:				
In Business Since:	A	t Above Address S	Since:		
Online Shopping Information					
Would you like to order your supp	lies online: Yes	No			
Shopper First and Last name:					
Shopper Email:					
If you require multiple shoppers, plea	se let us know				
Name of Owner or Principals		T 411			
Name <u>Titl</u>	<u>e</u> <u>F</u>	Home Address		<u>Phone</u>	
1.					
2.					
3.					
Bank Reference			_		
Name of Bank:	Acct No.		Contact:		
Address:					
Phone No.			Fax No.		
Trade References (2 required) - No	ot required if acc	ount is COD			
Company Name Ado	<u>dress</u>	<u>C</u>	Contact	<u>Phone</u>	
1.					
2.					
I/We make the foregoing application for o	credit in writing inte	nding that Covey Ba	sics should rely or	it for the purpose of my/our	
obtaining merchandise from you on credit	t. I/We agree to you	ir payment terms of i	net 30 days with in	iterest charges of 2% per month	
(min. of \$2) on past due accounts.	Clicking this b	ox and submitting ap	oplication electron	icallysignifies acceptance of terms	
SIGNED BY:			DATE:		
INTERNAL USE ONLY			Date:		
Account #	Credit Limit:				
Sales Representative	Account Approved by:				