



**Chapleau Cree First Nation**

P.O. Box 400 ♦ Fox Lake Reserve ♦ P0M1K0  
 Phone: 705-864-0784 ♦ Fax: 705-864-1760  
 reception@chapleaucree.ca

**CREDIT APPLICATION**

<b>COMPANY NAME</b>	
TRADING AS:	
ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	TELEPHONE #:
FAX #:	HOW MANY YEARS IN BUSINESS?
EMAIL:	HST #:
<b>OWNER(S) OR OFFICER(S)</b>	
NAME:	TITLE:
ADDRESS:	
NAME:	TITLE:
ADDRESS:	
<b>BILLING INFORMATION (IF DIFFERENT THAN ABOVE)</b>	
ADDRESS:	
TELEPHONE #:	FAX #:
<b>BANKING INFORMATION</b>	
BANK NAME:	ACCOUNT #:
ADDRESS:	
TELEPHONE #:	FAX #:
CONTACT NAME:	
<b>TRADE SUPPLIERS</b>	
NAME:	TELEPHONE #:
ADDRESS:	
NAME:	TELEPHONE #:
ADDRESS:	
NAME:	TELEPHONE #:
ADDRESS:	

If my credit request is approved, I agree to pay all invoices within the terms (net 15 days). In the event payment is not made and my account is referred to a collection agency, I will pay all costs of collection. If legal action is required, I will pay the costs incurred from non-payment. CHAPLEAU CREE FIRST NATION retains title to all materials sold until full payment.

I, the undersigned, authorize CHALPEAU CREE FIRST NATION to verify the information contained in this request. I also authorize the persons named as references, as well as my bank, to give additional information which is considered necessary in obtaining my margin of credit. I agree to comply with the sales terms mentioned above. I am making this request (as proprietor) named in this application and/or authorized officer of the company on whose behalf this request is being made.

NAME	DATE
TITLE	SIGNATURE

<b>FOR OFFICE USE ONLY</b>	
RECEIVED: _____	APPROVED: _____
BAND ADMINISTRATOR: _____	
FINANCIAL CLERK: _____	