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 Toll Free: 1-888-428-1220
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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

SECTION 1: BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Prov/State:	Postal/Zip:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

SECTION 2: BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	Prov/State:	Postal/Zip:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:	Phone:		
City:	Prov/State:	Postal/Zip:	
Type of account	Account number		
Checking			
Other			

SECTION 3: BUSINESS/TRADE REFERENCES

Company Name:			
Address:			
City:	Prov/State:	Postal/Zip:	
Phone:	Fax:	E-mail:	
Type of account:			
Company Name:			
Address:			
City:	Prov/State:	Postal/Zip:	
Phone:	Fax:	E-mail:	
Type of account:			
Company Name:			
Address:			
City:	Prov/State:	Postal/Zip:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

By signing this application, you are authorizing the banking and business/trade references listed in Section 3 to allow I.C.T. Power Company Inc. to conduct a credit check.

SIGNATURES

Title:	Date:	Title:	Date:
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For Office Use Only:

Approved By: _____ Date: _____ Credit Amount Approved \$ _____