

# Bowtye Holdings Ltd

## PHOTOMETAL Div

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Fax (780) 878-3889

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### Credit Application For:

Name: \_\_\_\_\_

Company Commencement: \_\_\_\_\_

Contact: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City / Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_ GST Registration No: \_\_\_\_\_

### Banking Information:

Institution: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City / Postal Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email : \_\_\_\_\_

### Credit References

Company: \_\_\_\_\_ Contact : \_\_\_\_\_ Fax: \_\_\_\_\_ Ph: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ Ph: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ Ph: \_\_\_\_\_

The undersigned applicant understands and agrees to comply with Bowtye Holdings Ltd  
Payment terms of Net 30 Days upon credit approval.

The undersigned applicant certifies that all information submitted herein is complete and  
accurate and authorizes Bowtye Holdings Ltd. To:

\* Request information about your firm from trade references, your bank and credit reporting agencies

\* To periodically check the information you have given us

\* Authorizes any person we may contact to provide us with such information

Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_