



Phone: 604.676.7918 Fax: 604.676-7923
#1 - 455 East Kent Ave. Northside,
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Email: info@chungchun.bc.ca
Web site: www.chungchun.bc.ca

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DATE: _____
BY MAIL: BY FAX:
FROM: _____

COMPANY INFORMATION:

Legal Company Name: _____
Attention: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Tel: _____ Ext: _____ Fax: _____
Length of time in business: _____
Nature of business: _____

COMPANY PRINCIPALS

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

CREDIT INFORMATION

Bank: _____ Branch: _____
Account #: _____

TRADE REFERENCES

Name: _____ City: _____ Tel: _____ Fax: _____
Name: _____ City: _____ Tel: _____ Fax: _____
Name: _____ City: _____ Tel: _____ Fax: _____

Credit Amount Requested: \$ _____

All lines must be completed in order to process this application.
The undersigned agrees that all information provided on this credit application to be complete and ture.

Date: _____ Applicant's Signature: _____

Date: _____ Applicant's Signature: _____

