

Samtack Inc
110A Cochrane Drive Markham Ontario L3R 9S1
Tel: (905) 940-1880 Fax: (905) 940-0331
Financial Biography

Company Name: _____ PST Exemption #: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone Number: _____ Fax Number: _____

Business Commencement Date: _____
Nature of Business – Please check one :
Retail _____ Var / Dealer / Consultant _____ Corp / Govt / Edu _____ Distributor _____ Others _____
Number of Employees: _____ Current Year's Revenue _____
Business Type – Please check one
Corporation _____ Sole Proprietorship _____ Partnership _____
Please indicate any other business name : _____
Previous Affiliations: _____
President / Owner's name _____ S.I.N. _____
Address: _____
Phone Number: _____ Fax Number: _____
Account Manager / Controller: _____ A/P Contact _____
Bank Name _____ Account # : _____
Address: _____
Phone Number: _____ Fax Number: _____

Please provide at least THREE trade references

1. Company Name: _____ Contact: _____
Address: _____
Phone # : _____ Fax # : _____
Terms: _____ Monthly Credit Limit : _____

 2. Company Name: _____ Contact: _____
Address: _____
Phone # : _____ Fax # : _____
Terms: _____ Monthly Credit Limit : _____

 3. Company Name: _____ Contact: _____
Address: _____
Phone # : _____ Fax # : _____
Terms: _____ Monthly Credit Limit : _____
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I authorize Samtack Inc. to obtain such factual and investigate information regarding me from others as permitted by law. To furnish to the customer credit grantors and credit bureaus particulars of the credit application and subsequent credit experience if applicable and to return this application for Samtack Inc's records. I agree to pay Samtack Inc \$25.00 for each of any returned or bounced cheque(s)

Completed by: _____ Title : _____
Signature: _____ Date : _____