



CREDIT APPLICATION FORM

FAX TO: 1-(780)-484-1104 ATTENTION: RICK GRAY

Name of Organization

Address: _____
City / Province: _____ Postal Code _____
Telephone Number: () _____
Fax Number: () _____
Contact Name: _____

SIN # or Date of Birth _____
Order Value \$ _____ F.M. RICK GRAY

BANK NAME:

Branch: _____
Address: _____
City / Province: _____
Account Number: _____ Transit Number: _____
Telephone Number: () _____
Fax Number: () _____
Contact Name: _____

3 Credit References for your Organization - (suppliers, credit cards, etc.)

- 1. Company Name & Your Account # (if applicable) _____
Address: _____
City / Province: _____
Telephone Number: () _____
Fax Number: () _____
Contact Name: _____

- 2. Company Name & Your Account # (if applicable) _____
Address: _____
City / Province: _____
Telephone Number: () _____
Fax Number: () _____
Contact Name: _____

- 3. Company Name & Your Account # (if applicable) _____
Address: _____
City / Province: _____
Telephone Number: () _____
Fax Number: () _____
Contact Name: _____

CUSTOMER AUTHORIZATION :

I Authorize WFCC to obtain and/or exchange personal information with any personal information agent towards establishing or verifying my financial standing.

Date: _____ Signature _____