



The Sioux Lookout Bulletin • 40 Front St., Box 1389, Sioux Lookout, ON P8T 1B9
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CONFIDENTIAL CREDIT APPLICATION

(Please Print Clearly)

Company Name (full legal): _____		
Contact Name: _____		
Physical Address: _____		
Mailing Address: _____		
City: _____	Province: _____	Postal Code: _____
Phone Number: _____	Fax Number: _____	
# of years in business: _____	Email Address: _____	

Bank Name: _____	Bank Phone #: _____
Contact Name: _____	Bank Fax #: _____
Address: _____	
City: _____	Province: _____ Postal Code: _____

Trade References

Company Name: _____	Phone #: _____
City, Prov: _____	Fax #: _____
Contact Name: _____	Service Provided: _____
Company Name: _____	Phone #: _____
City, Prov: _____	Fax #: _____
Contact Name: _____	Service Provided: _____
Company Name: _____	Phone #: _____
City, Prov: _____	Fax #: _____
Contact Name: _____	Service Provided: _____

***By signing below, I authorize the release of any information concerning credit history and banking information and acknowledge that credit terms are due upon receipt of invoice.

Authorized Signature: _____ Date: _____

Print Name: _____ Title/Position: _____

Please return as complete as possible and fax to (807) 737-3084 or mail to the above address. Missing information will result in a delay in processing. Thank you.