



REMIT TO: **Advantage Credit Management Ltd.**
 P.O. Box 37085, 2930 Lonsdale Avenue
 North Vancouver, BC V7N 4M0
 Telephone (604)986-1927
 Fax (604)986-1047

Email: mandrews@acmltd.ca

CONFIDENTIAL CREDIT APPLICATION

BUSINESS INFORMATION

Legal Name of Company: _____
 Business Operating Name: _____
 Address: _____
 _____ Postal Code: _____ Phone: _____
 Nature of Business: _____
 Length of Time in Business: _____ Annual Volume of Business: _____ Net Worth: _____
 Company is a Proprietorship [] Partnership [] Limited [] Subsidiary []

APPLICANT'S PRESENT BUSINESS LOCATION

Name of Landlord / Property Management Company Name: _____
 Address: _____
 Contact: _____ Phone: _____ Fax #: _____
 Are we authorized to contact the above mentioned Landlord / Property Management Company? _____

APPLICANT'S BUSINESS BANK INFORMATION

Bank: _____ Address: _____
 Phone: _____ Fax #: _____ Account #: _____ Account Name: _____
 Account Manager: _____
 Bank: _____ Address: _____
 Phone: _____ Fax #: _____ Account #: _____ Account Name: _____
 Account Manager: _____

APPLICANT'S BUSINESS TRADE REFERENCES

Business Name: _____ Contact: _____ Address: _____
 Phone: _____ Fax #: _____ Account #: _____ Account Name: _____
 Business Name: _____ Contact: _____ Address: _____
 Phone: _____ Fax #: _____ Account #: _____ Account Name: _____
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PERSONAL INFORMATION

Name: _____ Phone: _____
Address: Street: _____ City: _____
Province: _____ Postal Code: _____
S.I.N.: _____ Birthdate: _____

BANK INFORMATION

Bank: _____ Address: _____
Phone: _____ Fax #: _____ Account #: _____ Account Name: _____
Account Manager: _____

Bank: _____ Address: _____
Phone: _____ Fax #: _____ Account #: _____ Account Name: _____
Account Manager: _____

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon receipt of statement or as otherwise expressly agreed.

I consent to Advantage Credit Management Ltd. ("ACM") or its agents obtaining such credit reports concerning me personally or on behalf of the corporate applicant and any other information as may be deemed necessary by ACM in connection with the establishment and maintenance of a credit account or for any other direct business requirement. I further authorize ACM to provide my personal information to third parties as is necessary for the above purposes.

I consent to the disclosure to ACM of my personal information held by any third party pursuant to Canadian privacy legislation including, but not limited to the Personal Information Protection Act, the Freedom of Information and Protection of Privacy Act and the Personal Information Protection and Electronic Documents Act.

On Behalf of Individual: _____ Date: _____
Print Name of Individual Signature

On Behalf of Company: _____ Date: _____
Print Name of Company Authorized Signature

LETTER OF DIRECTION

(Date)

(Name & Address of Bank)

Attention: _____
(Name of Account Manager)

Re: Account Name: _____
_____ (the "Customer")

You are hereby authorized and instructed to release and disclose to Advantage Credit Management Ltd. and to any person who identifies him / herself employed by or acting for Advantage Credit Management Ltd. all relevant financial information with respect to the Customer described above, including without limitation:

- historical and current credit information for the Customer (including particulars of any outstanding loans, mortgages, letters of credit or other liabilities);
- details of all accounts held by the Customer with your institution (including savings accounts, chequing accounts and any other investment accounts or instruments such GIC's, RRSP's, foreign investments, etc.); and
- any other information that may be relevant to Advantage Credit Management Ltd. in assessing the potential credit risk of the Customer.

Yours very truly,

(Name of Customer)

Per: _____
(Signature)