

CASSEN Testing Laboratories

(Division of CASSEN Group Inc.)

CREDIT APPLICATION FOR NEW BUSINESS ACCOUNT

Legal Company Name

Business Address (Street)

Business Name if different from legal name

Business Address (City, Province, Postal Code)

Phone Number with area code

Fax Number with area code

Business Information:

Accounting Information:

Please Check: Corporation____; Partnership____; Proprietorship____

Length of Time in Business____ Year(s)

BUSINESS NUMBER_____

Name of Controller

Have you ever filed for bankruptcy? Yes ____ : No ____

Accounts Payable Contact Title

Corporate Officer Information

Accounts Payable Phone Number

Name of C.E.O. /President

Trade References:

Name	Address	Contact	Phone# Code)
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Where did you hear about CASSEN Testing Laboratories?

Referral____; Website____; Direct Mail____; Other____

Banking Information:

Bank Name

Bank Address (Street, City, Province, Postal Code)

Name of Bank contact Phone Number

Company Officer's signature

Position

Print Officer's Name

Date of Application