



(A BMT Group Company)

## CREDIT APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL # \_\_\_\_\_ FAX# \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_

Name of bank

Account Number

### CREDIT REFERENCES:

1). NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

2) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

3) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

P.S.T. # \_\_\_\_\_

P.O. REQUIRED: \_\_\_\_\_

CREDIT REQUESTED: \_\_\_\_\_

We agree to pay all invoices NET 30 days and interest on any past due amount on the account. We affirm that the statements contained in this application for credit are true and correct to the best of my/our knowledge. Please submit to [accounting@islandhino.com](mailto:accounting@islandhino.com) for approval.

We hereby authorize you to conduct any credit inquiries necessary to confirm the above information.

SIGNATURE: \_\_\_\_\_ NAME PRINTED: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_