



825 Trillium Dr., Kitchener, ON, N2R 1J9

After completion please email to mirjanastupar@swiftspaceinc.com

1. Credit Application

We hereby apply for credit and verify that the information below is correct. This information is to be used in evaluating our company for credit worthiness and will be held in strict confidence.

Company Name: _____ Address: _____

City: _____ Prov/ State _____ Postal/ Zip Code _____

Country: _____ Federal Tax ID#: _____

Phone #: _____ Fax #: _____

Company Contact: _____ Email: _____

Type of Company: Private Public Partnership Sole Proprietorship

 Other (explain) _____

2. Bank References

Bank Name: _____

City: _____ Address: _____

Phone #: _____ Prov/ State _____ Postal/ Zip Code _____

Account #: _____ Fax #: _____

 Date Account Established: _____

Authorized Bank Line: _____ Currently Utilized: _____

Contact Name: _____ Email: _____



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3. Trade References

Reference 1

Company Name: _____ Address: _____

City: _____ Prov/ State _____ Postal/ Zip Code _____

Attention: _____ Email: _____

Phone #: _____ Fax #: _____

Reference 2

Company Name: _____ Address: _____

City: _____ Prov/ State _____ Postal/ Zip Code _____

Attention: _____ Email: _____

Phone #: _____ Fax #: _____

Reference 3

Company Name: _____ Address: _____

City: _____ Prov/ State _____ Postal/ Zip Code _____

Attention: _____ Email: _____

Phone #: _____ Fax #: _____



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4. Amount of Credit Requested:

Note- if the amount of credit requested is above \$25,000 copies of externally prepared financial statements may be requested.

If less than \$25,000 please provide the following information from your most recent externally prepared financial statements.

Working Capital Position:

Profit Loss:

5. Please include your W-9 and State Sales and Use Certificate with your application.

Signature:

Date:

Print Name:

Title:

Approved By:

Date Approved:

Amount of Credit Approved:
