



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

After completion please email to tommyzinger@swiftspaceinc.com

1. Dealer Information

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/ _____ Postal/ _____

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/ _____ Postal/ _____

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: _____