

CREDIT APPLICATION

FOR PROMPT PROCESSING PLEASE ENSURE APPLICATION IS COMPLETED IN ENTIRETY INCLUDING SIGNATURE(S) OF PRINCIPAL(S) OR SIGNING OFFICER(S)

APPLICANT INFORMATION							
Legal Company Name:							
Company Address:							
City:	Province:		Postal Code:				
Type of Business: Sole Proprietorship	Partnership	Corporation	Non Prof	it Org.	Joint Venture	L.L.C	
Mailing Address (If Different):							
City:	Province:	Postal Code:					
Phone:	Fax:	Email:					
Company Trade Name/Doing Business As:							
Business Start Date:	Type of Business:						
Are you sales tax exempt? Yes No	PST/RST Numb	T/RST Number:					
Purchase Order # Required? Yes No	Accounts Payable Contact Name:						
A/P Phone:	A/P Fax:		A/P email:				
COMPANY OFFICER INFORMATION (COMPLETE THIS SECTION IF LIMITED COMPANY)							
Signing Officer Name:			Title:				
Phone:	Fax		Email:				
2nd Signing Officer Name:			Title:				
Phone:	Fax		Email:				
COMPANY BUSINESS PRINCIPAL(S) INFORMATION (COMPLETE THIS SECTION IF INDIVIDUAL OR PARTNERSHIP)							
Company Owner First Name: Middle Initial:			Last Name:				
Date of birth:	SIN(optional):		Phone:				
Current address:							
City:	Province:		POSTAL Code:				
2 nd Company Owner First Name:	Middle Initial: Last Name:						
Date of birth:	SIN(optional):		Phone:				
Current address:							
City:	Province:		Postal Code:				
TRADE/BANK REFERENCES							
Bank Name: Bank Address:							
Transit #: Bank Acc #:							
Bank Contact Person:			How long with Bank?				
Phone:	E-mail:		Type of Account:				
I authorize the bank to release bank information u	pon request from E	lite Oil Inc.					
Print Name:	gnature:	Date:					
Major Supplier Name:		Phone:	Fax:				
Address:		City:	Province:				
Major Supplier Name:		Phone: F		Fax:			
Address:		City: Province		Province:	e:		
Major Supplier Name:		Phone: Fax:					
Address:	City:	ty: Province:					
<<< PLEASE READ AND SIGN PAGE	TWO >>>						

Owner/Principal Name_____

Please print

Owner/Principal Signature______ Date_____

_ Title_____