

Customer Credit Application Form

Company Information

Company name: _____

Type of business: _____

Contact person: _____

Year business opened: _____

Address: _____

Company type: Corporation Partnership Proprietorship

City: _____

L.L.C. P.L.C.

Province: _____ Postal code: _____

Phone: _____

Fax: _____

Bank Reference

Bank name: _____

Bank address: _____

Contact person: _____

Phone: _____

Date account opened: _____

Trade References

Company name: _____

Province: _____ Postal code: _____

Contact person: _____

Phone: _____

Address: _____

Fax: _____

City: _____

Company name: _____

Province: _____ Postal code: _____

Contact person: _____

Phone: _____

Address: _____

Fax: _____

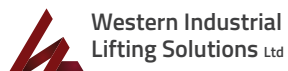
City: _____

Applicant's name: _____

Date: _____

Title: _____

Signature: _____



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