

# Aboriginal Patients' Lodge

Setting up an Account: Credit Application

Please Fax to (604) 707-9135

Agency Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_

## Financial Information:

Name of Bank / Credit Union \_\_\_\_\_

Branch Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

## Credit References:

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Application Request:

I/We hereby authorize the Aboriginal Patients' Lodge to obtain such credit reports or other information as may be necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement. I/We agree to the General Credit Terms Conditions of the Aboriginal Patients' Lodge as follows:

\* 24 hours Cancellation Notice

\* Upon check-out, balance will be payable within 40 days of billing.

SIGNED AT \_\_\_\_\_ PROVINCE OF \_\_\_\_\_ This \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_