



Chung Chun
Towels & Linen

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CREDIT APPLICATION

DATE: _____

BY MAIL:

BY FAX:

FROM: _____

COMPANY INFORMATION:

Legal Company Name: _____

Attention: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Ext: _____ Fax: _____

Length of time in business: _____

Nature of business: _____

COMPANY PRINCIPALS

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

CREDIT INFORMATION

Bank: _____ Branch: _____

Account #: _____

TRADE REFERENCES

Name: _____ City: _____ Tel: _____ Fax: _____

Name: _____ City: _____ Tel: _____ Fax: _____

Name: _____ City: _____ Tel: _____ Fax: _____

Credit Amount Requested: \$ _____

All lines must be completed in order to process this application.
The undersigned agrees that all information provided on this credit application to be complete and true.

Date: _____ Applicant's Signature: _____

Date: _____ Applicant's Signature: _____