

(Mahihkan) Kelsey Bus Lines 2014 a Division of Aseneskak Casino  
**CREDIT APPLICATION**

**APPLICANT INFORMATION**

Company Name:		
Current address:		
City:	Prov:	Postal Code:
Telephone:	Fax:	Number of years in Business:
Email:		
Your Name and Position:		
Billing address if different from above:		
City:	Prov:	Postal Code:
Telephone:	Fax:	
Email:		
Accounts Payable Contact Name:		
GST #		PST#

**AUTHORIZING INDIVIDUALS**

Name:	Position:
Name:	Position:
Name:	Position:

**PARTNERS OR CORPORATE OFFICERS**

Name, Title, Phone:
Name, Title, Phone:
Name, Title, Phone:

**BUSINESS/CREDIT REFERENCES**

Company Name:		
Contact Name:	How long?	
Phone:	E-mail:	Fax:
City:	Prov:	Postal Code:
Company Name:		
Contact Name:	How long?	
Phone:	Email:	Fax:
City:	Prov:	Postal Code:
Company Name:		
Contact Name:	How Long?	
Phone:	E-mail:	Fax:
City:	Prov:	Postal Code:

**BANK REFERENCE**

Name of Bank:		
Address:		Phone:
City:	Prov:	Postal Code:
Account Number:		

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Contact Name:

SHIPMENT INFORMATION

Anticipated monthly account volume: \$

Anticipated # of shipments per month:

Description of items being shipped:

Current same day shipping provider:

Current small parcel shipping provider:

Primary Shipping Location:

Other Shipping Location:

I certify that the above information is true; the information is to be used only for the opening of an account and hereby apply to the Kelsey Bus Lines 2014 for a credit account and agree to pay Kelsey Bus Lines 2014 upon receipt of invoice.

The applicant agrees to abide by the terms of credit authorized by Kelsey Bus Lines 2014.

Term: Net 30 days

Signature of applicant

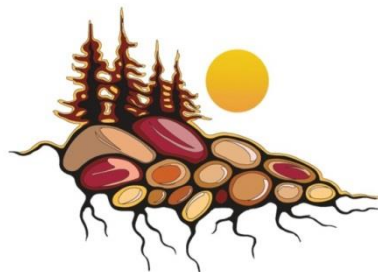
Date

Print Name:

Signature of co-applicant, if for joint account

Date

Print Name:



**ASENESKAK  
 CASINO**