

HINLIM CANADA Credit Application

For Trade Credit, please complete and sign this form and Fax it to
HINLIM CANADA
 Fax. (905) 629-0774
 E Mail: info@hinlim.ca

Legal Business Name	HINLIM CANADA Account Number
Legal Owner	Credit Amount Requested: \$

Trade References:

Company Name _____ Legal Owner(s) _____
 Address _____ City _____
 State/Province _____ Country _____ Postal/Zip Code _____
 Phone _____ Fax _____ eMail _____
 Doing Business Since _____ Last Order Date _____ Average Annual Purchases _____

Company Name _____ Legal Owner(s) _____
 Address _____ City _____
 State/Province _____ Country _____ Postal/Zip Code _____
 Phone _____ Fax _____ eMail _____
 Doing Business Since _____ Last Order Date _____ Average Annual Purchases _____

Company Name _____ Legal Owner(s) _____
 Address _____ City _____
 State/Province _____ Country _____ Postal/Zip Code _____
 Phone _____ Fax _____ eMail _____
 Doing Business Since _____ Last Order Date _____ Average Annual Purchases _____

Bank Reference:

Bank Name _____ Account Manager/Contact _____
 Bank Address _____ City _____
 Bank State/Province _____ Country _____ Postal/Zip Code _____
 Bank Account # _____ Phone _____

I/We hereby authorize HINLIM CANADA to make enquiries necessary in order to grant credit approval.

Signed _____ Title _____ Date _____