



WORLD'S FINEST[®]
CHOCOLATE
CREDIT APPLICATION

FAX TO: 1- (780) 484-1104 ATTENTION: RICK GRAY or EMAIL TO: rickgray@shaw.ca

Name of Organization

Address: _____
 City / Province: _____ Postal Code: _____
 Telephone Number: () _____
 Fax Number: () _____
 Contact Name: _____
Email Address: _____

Date of Birth _____
 Order Value \$ _____ REP. RICK GRAY

BANK NAME:

Branch: _____
 Address: _____
 City / Province: _____
 Account Number: _____ Transit Number: _____
 Telephone Number: () _____
 Fax Number: () _____
 Contact Name: _____

3 Credit References for your Organization - (suppliers, credit cards, etc.) IF APPLICABLE

1. Company Name & Your Account # (if applicable) _____
 Address: _____
 City / Province: _____
 Telephone Number: () _____
 Fax Number: () _____
 Contact Name: _____

2. Company Name & Your Account # (if applicable) _____
 Address: _____
 City / Province: _____
 Telephone Number: () _____
 Fax Number: () _____
 Contact Name: _____

3. Company Name & Your Account # (if applicable) _____
 Address: _____
 City / Province: _____
 Telephone Number: () _____
 Fax Number: () _____
 Contact Name: _____

CUSTOMER AUTHORIZATION :

I Authorize WFCC to obtain and/or exchange personal information with any personal information agent towards establishing or verifying my financial standing.

I further agree that I will personally become financially responsible for the payment of invoice for organization on this document should organization fail to do so.

_____ Date

_____ Signature