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APPLICANT INFORMATION

Legal Business Name / Applicant Name <i>(if individual)</i>		Street Address		Suite/Apt.
City/Town	Province	Postal Code	Telephone	Facsimile
Other Service Alberta Account Number(s)		Name of Contact Person		Telephone
Nature of Business		Corporation's Registered Office		
Corporate Access Number or Trade Number	Years in Business	Amount Requested <i>(60 days)</i> \$	E-mail Address <i>(optional)</i>	

Complete one of the following:

(a) The Applicant is an individual or using a Trade Name

Driver's License No.

(b) If a corporate application, list 3 company principals

Name

Driver's License No.

_____	_____
_____	_____
_____	_____

CREDIT REFERENCES *(please list two references)*

1.	Name of Company	Name of Contact Person	Telephone
2.	Name of Company	Name of Contact Person	Telephone

MAIN BUSINESS BANK

Name of Institution		Branch		
Address		City / Town	Province	Postal Code
Name of Contact Person		Telephone	Facsimile	

As an authorized representative of the Applicant, I authorize my Bank and Credit References to provide credit information to Service Alberta or its agent related to this application for the purpose of establishing a charge account. I also authorize Service Alberta or its agent to obtain information from credit reporting organizations on the Applicant and Principal Owner. As Proprietor, I acknowledge that I am personally responsible for all debts under the Business and/or Trade Name.

Authorized Signature _____ Name *(please print)* _____

Position/Title *(please print)* _____ Date _____

FOR OFFICE USE ONLY

Approved by (Signature)	Date	Account Number
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