



ApiWell Group Corp.

206-758 Copping Street, North Vancouver, BC, V7M 3G6
Email: info@ApiWell.ca | Website: www.ApiWell.ca

Credit Application Form

Legal Business Name:

Trade Name (if different):

GST Number:

Type of Business:

Corporation Partnership Sole Proprietorship

Industry / Type of Business:

Business Address:

City / Province / Postal Code:

Phone:

Fax:

Email:

Website:

Years in Business:

Owner / Officer Name:

Title:

Phone:

Email:

Bank Name:

Account Number (last 4 digits optional):

Bank Contact Name:

Bank Phone / Email:

Trade References

Company 1:

Contact:

Phone / Email:

Company 2:

Contact:

Phone / Email:

Company 3:

Contact:

Phone / Email:

Estimated Monthly Purchases:

Requested Credit Limit:

Preferred Payment Terms: Net 15 Net 30 Other: _____

Authorization & Agreement

I/We hereby authorize ApiWell Group Corp. to verify the information provided and contact the above references or credit agencies as necessary for credit evaluation purposes. I/We agree to pay all invoices according to the terms established by ApiWell Group Corp. and acknowledge that unpaid balances may be subject to interest and collection costs.

Authorized Signature:

Name:

Title:

Date:

Please email the completed form to info@ApiWell.ca