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CONSUMER CREDIT APPLICATION

Name of Applicant		Home Phone Number
Last	Given	
Home Address		City and Postal Code
Employer Address and Phone Number		How Long
Bank Name and Location		Account Number
<u>Trade Credit References</u>		Address and Phone
Name _____		_____
Name _____		_____
Name _____		_____
Initial Credit Requested		
_____ (Approximately 6 weeks sales)		

I apply for a Charge Account and agree to pay the balance owing on receipt of monthly statement and to pay a service charge on any overdue amounts calculated at 2% Per Month (26.5% Per Annum) computed and compounded monthly. I consent to the obtaining of such information as may be required from time to time in connection with the credit applied for or for any renewal or extension thereof and to the disclosure of any credit information to any credit reporting agency or person with whom the undersigned has financial relations.

Signature _____

Date _____