

THE SEAWAY INTERNATIONAL BRIDGE CORPORATION 200 Akwesasne International Road, Akwesasne, ON K6H 5R7 FACSIMILE: 613-932-9086

CREDIT APPLICATION

(PLEASE COMPLETE FULLY)

COMPANY	Name:		
	Telephone Number Name of Operations Manager:	Fax Number	Email Address
	Name of Accounts Payable Clerk:AP Email: Nature of Business:Number of years in business:		AP Email:
			Number of years in business:
BANK	Financial Institution:Address:		
	Telephone Number	Fax Number	Email Address
	Name of Contact Person:		Account Number:
CORPORATE CARDS	Monthly Credit Required: \$	x 2 =	Required Security Deposit (minimum \$300)
	Number of Credit Cards Required: No charge for the first 10 (ten) cards. Additional cards are available at \$5.00 each. Cards will be issued once the security deposit has been received. Damaged cards must be returned to the SIBC office and they will be replaced free of charge.		
CONDITIONS:			
verification of th following terms 1) All amounts 2) Accounts are 3) Account hold 4) A non-interest reviewed per request to close 5) Past due accounts	ne information provided. If credit is externate and conditions: are invoiced in Canadian Funds. In invoiced twice per month and are due reders will be notified in writing of any chart bearing security deposit equal to the griodically to ensure sufficiency of funds. One the account. The provided in the security deposit will used are the responsibility of the credit has	no later than 30 days from the anges to the toll rates. greater of \$300.00 or two mo The security deposit will be I have their credit privileges	onths toll transits is required. Accounts are returned (less any outstanding charges) upon
Applica	ant's Signature	Date	Title

For account information, contact Accounts Payable at 613-932-6601 ext 122 For information on tolls or transits, contact the Operations Coordinator at 613-932-6601 x160