



# Credit Application

Nova Networks Inc. is pleased to offer credit terms to those organizations that qualify. To establish a credit account with Nova Networks, simply print the following credit application form and fax it to our accounting department at 1.613.563.8045. To speed up the approval process, we ask that you supply us with all of the information requested. Questions regarding this application or your credit account can be directed to [accounts@nova-networks.com](mailto:accounts@nova-networks.com).

**Customer Information:**

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Your Nova Sales Representative: \_\_\_\_\_

**General Company Information:**

Accounts Payable Contact: \_\_\_\_\_  
PST #: \_\_\_\_\_ GST #: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Do You: Own  or Rent  your premises?  
Years in Business: \_\_\_\_\_ Years at this location: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Phone: \_\_\_\_\_ Landlord's Fax: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

**Ownership Information:**

Parent Company: \_\_\_\_\_  
Company Type:  Sole Proprietorship  Partnership  Corporation

Name of Owner #1: \_\_\_\_\_  
Owner's Home Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Owner #2: \_\_\_\_\_  
Owner's Home Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Owner #3: \_\_\_\_\_  
Owner's Home Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_



# Credit Application

**Trade Reference #1:**

Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Credit Limit/Terms: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Trade Reference #2:**

Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Credit Limit/Terms: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Trade Reference #3:**

Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Credit Limit/Terms: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Bank References:**

Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_  
Account Manager's Name: \_\_\_\_\_  
Account Manager's Phone: \_\_\_\_\_  
Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Account Manager's Fax#: \_\_\_\_\_  
Branch #: \_\_\_\_\_

**Terms and Conditions:**

- 1- The customer hereby requests a credit line of \$ \_\_\_\_\_  
The customer authorizes Nova Networks, to conduct credit investigations for this purpose.  
Additional credit/services may be available upon request subject to approval.
- 2- All statements made herein are true and accurate to the best of our knowledge.  
The customer authorizes Nova Networks to make any and all inquiries necessary to action on this credit application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

**Please Return the Completed Credit Application to Fax Number: 613.563.8045**

Office Use Only:

Approved by: \_\_\_\_\_ Credit Limit: \_\_\_\_\_