

		CREDIT INFORMATION REQUEST		FORM:	FORM-008-36
				REVISION:	A
Reference:	WI-008-21			DATE:	09/09/2020

Credit Information Request

To:

Company:

Email: Request Date:

The company named below has expressed a desire to open an account with us and has given your firm's name as a Credit Reference. We would appreciate your assistance and co-operation in providing us with the following information. Your response will be held in the strictest confidence, and we would gladly reciprocate upon your request.

Company Name:.....

Company Address:

Date Account Opened: Pays in: **30 Days** **60 Days** **90 Days**

Date of Last Purchase: Terms:

Credit Limit: Present Balance:

Age of Past Due: NSF Cheques:

Payment Record:

What products/services do you supply this company?

Comments:

Name: Position:

Date:

Please Return to Viking Air Limited

Fax # 250-655-9581

Email: kelly.appleton@vikingair.com

Thank you,

Kelly Appleton
 Accounts Receivable

VERSATILITY THAT WORKS

