



A Division of Empire Pacific Capital Corp.  
774 Victoria Street  
Kamloops B.C. V2C 2B6  
Phone: 250-377-4996  
Fax: 250-372-8212

Please provide us with the following information about your company.

1. Business name (As in Articles of Incorporation or Partnership Agreement).

\_\_\_\_\_

2. Full mailing address (head Office)

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

3. Type of Business

\_\_\_\_\_

Date Established \_\_\_\_\_

4. Business Trade name (if any)

\_\_\_\_\_

Where is your business registred? \_\_\_\_\_

5. Is the company incorporated? Yes/No

6. President, Partner-Full Name \_\_\_\_\_

Full Mailing Address (Home) Own/Rent

\_\_\_\_\_

Phone \_\_\_\_\_

% Owned \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

7. Secretary, Treasurer - Full Name \_\_\_\_\_

Full Mailing Address (Home) Own Rent

\_\_\_\_\_

Phone \_\_\_\_\_

% Owned \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Are you current with:

8. Federal and Provincial Tax? Yes/No

No, amount in arrears \_\_\_\_\_ Period \_\_\_\_\_

9. Employee Deductions? Yes/No

No, amount in arrears \_\_\_\_\_ Period \_\_\_\_\_

10. Name of company bank \_\_\_\_\_

How long with this bank? \_\_\_\_\_

Full mailing address \_\_\_\_\_

Account Number \_\_\_\_\_

Name of bank officer \_\_\_\_\_

Phone \_\_\_\_\_

13. Total amount of receivables now open \$ \_\_\_\_\_

Average monthly sales \$ \_\_\_\_\_

14. Approximate number of active customers \_\_\_\_\_

Terms of sale \_\_\_\_\_

Are you discounting receivables now or in the past? Yes/No

If yes, with what company? \_\_\_\_\_

16. Are your receivables pledged as collateral? Yes/No

If yes, to whom? \_\_\_\_\_

In what amount do you intend to sell on a monthly basis? \$ \_\_\_\_\_

**The above statements are true and accurate. This serves as my permission for the release of any information regarding this application for the purpose of credit investigation.**

Dated \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_