



TO BETTER SERVE YOU, PLEASE TELL US ABOUT YOUR COMPANY

Nature of Your Business: _____

Your Website (if one exists): _____

Opportunities that exist in your Organization that a ProTemps/Protege Candidate may be placed into:

Contact(s)	Phone	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please FAX this 2 page document to the Fax number
of the office that you are working with:**

Calgary (403) 261-4766
Edmonton (780) 426-3413



Application for Credit & Company Information

Date: _____ Credit Limit Requested: \$ _____

Company Operating Name: _____

Company Legal Name & Number: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Head Office Address (if different than above)

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Contact Person: _____ Position Held: _____

Accounts Payable Contact: _____ Phone: _____

Name of Principal: _____ Position: _____ Phone: _____

Type of Business: Corporation _____ Individual _____ Partnership _____ Other _____

GST # _____

How long has this company been in business? _____

Bank: _____ Contact: _____ Phone: _____

Address: _____

How long? _____ Account #: _____

Supplier Reference:

Company: _____ Fax: _____ How long? _____

Company: _____ Fax: _____ How long? _____

ProTemps Ltd. invoices are due when rendered, an interest rate of 1.5% per month (18% per year) will apply to all 30 day overdue accounts. Any serious overdue accounts will also be placed into collections and charged a 25% collection charge on the invoiced amount. All disputes will be settled in Alberta, Canada.

Please sign this document to confirm that the above information is true and correct, also, to verify the overdue account policy of ProTemps Ltd.

Authorized Signature

Print Name