



**UV PURE TECHNOLOGIES INC.**

60 Venture Dr. Unit #19  
Toronto, ON M1B 3S4 Canada  
T 416.208.9884  
TF 1-888.407.9997  
F 416.208.9279

**CREDIT APPLICATION (Please fax this completed form to 416-208-9279)**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Credit Required** \_\_\_\_\_

Person authorized to issue PO \_\_\_\_\_

Proprietorship \_\_\_\_\_

Incorporated \_\_\_\_\_ if yes date \_\_\_\_\_

**Banking Information**

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

Account No. \_\_\_\_\_ Bank Contact \_\_\_\_\_

**Trade References**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

**I authorize UVPure Technologies Inc. to ask for references regarding my credit rating from the above mentioned suppliers.**

DATE: \_\_\_\_\_ AUTH. SIGNATURE: \_\_\_\_\_