

# CASSEN Testing Laboratories

(Division of CASSEN Group Inc.)

## APPLICATION FOR BUSINESS ACCOUNT

(Confidential Credit Information)  
(Please complete the form fully)

Business Name

Business Address (Street)

Trade Name

Business Address (City, Province, Postal Code)

Phone Number (Area Code)

Fax Number (Area Code)

### Business Information:

### Accounting Information:

Please Check: Corporation \_\_\_; Partnership \_\_\_; Proprietorship \_\_\_

Length of Time in Business \_\_\_\_\_ Year(s)

BUSINESS NUMBER \_\_\_\_\_

Name of Controller

Have you ever filed for bankruptcy? Yes \_\_\_ : No \_\_\_

Accounts Payable Contact

Title

### Corporate Officer Information

Accounts Payable Phone Number

Name of C.E.O. /President

### Trade References:

Name

Address

Contact

Phone# Code)

Where did you hear about CASSEN Testing Laboratories?

Referral \_\_\_; Website \_\_\_; Direct Mail \_\_\_; Other \_\_\_

### Banking Information:

Bank Name

Bank Address (Street, City, Province, Postal Code)

Name of Bank contact

Phone Number

Company Officer's signature

Position

Print Officer's Name

Date of Application