



1715 11th Street West Saskatoon, SK S7M 1H8
Ph: 306-653-0384 Fax: 306-653-0394

CREDIT REFERENCE
(Credit Company to complete and sign)

Client:

Name(s): _____ / _____

Address: _____

City/town: _____ Province: _____

Credit Information:

Credit term: From D___M___Y___ To D___M___Y___

Total Credit amount: \$ _____

Average Monthly Payments \$ _____

Payment History: Good / Average / Poor

Method of Payment: Direct Debit / Cheque / Cash / other

Comments: _____

Credit Company Information:

Credit Company Name
(Company Stamp)

Phone Number

Address

City / Town/ Prov.

Representative Name

Representative Signature.