



APPLICATION FORM

DATE

Legal Name					Trade Name						
Business Address					City						
Province/Territory			Postal Code		Tel						
Contact Information											
Name					Tel						
Title					Fax						
E-mail					Cell						
Background Information (Please note that all information will be kept confidential)											
Years of Operation					Years of Operation in the Export Market						
Last three years average sales volume:			Domestic \$			Foreign \$					
Average Monthly Sales \$					Average Invoice Amount \$						
Number of Employees				Full-Time			Part-Time				
Does your company also import?								Yes		No	
Business Description											
Primary nature of business:											
Major Suppliers		Contact			E-mail			Tel		Fax	
Major Processors		Contact			E-mail			Tel		Fax	

Credit Information			
Banking Institution		Transit & Account Number	
Business Address		CDN	
City	Province/Territory	US	
Credit/ Loan Amounts: \$		Security:	
Contact	Title	Tel	Fax
Accountant		Tel	Fax
Lawyer		Tel	Fax
Accounts Receivable Insurance Information			
Insurer		Policy No	
Contact		% Covered	
Tel		Deductable \$	
Proposed Buyer		Credit Limit	
1.			
2.			
3.			
4.			
5.			
6.			
Has there been a change in ownership in the past 12 months? If yes, please explain.		Yes	No
Has there been a change in the business name? If yes, please explain.		Yes	No
Is the company now or has it ever been in bankruptcy? If yes, please explain.		Yes	No
Has the company ever filed for CCAA protection? If yes, please explain.		Yes	No
Do you have any government taxes or remittances past due? If yes, please explain.		Yes	No

Principals and/or Shareholders

1.	Name:	Title:	% Owned:	Tel:
	Address:	City:	Prov:	E-mail:
2.	Name:	Title:	% Owned:	Tel:
	Address:	City:	Prov:	E-mail:
3.	Name:	Title:	% Owned:	Tel:
	Address:	City:	Prov:	E-mail:
4.	Name:	Title:	% Owned:	Tel:
	Address:	City:	Prov:	E-mail:

Have any of the principals ever declared personal or business bankruptcy? Yes No
 If yes, please explain on the reverse of this page.

Support Documentation Checklist

Certificate of Incorporation, Articles of Incorporation Articles of Association, Memorandum of Association, Borrowing By-Laws and any amendments Financial statements (current and previous year) Shareholders Agreement	Previous year tax assessment Copy of aged accounts receivable Copy of accounts payable Client lists
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If applicable

Copy of accounts receivable insurance policy Insurer credit limit for each buyer	Insurer credit limit for insured Proof of insurance policy payment
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Release of Information

As insurance coverage and/or a credit report are required for this transaction, the undersigned authorizes the disclosure of this application form together with the financial statements, if applicable, to the insurance company and, any credit agency.

Certification

The Undersigned, an authorized signing officer of the Applicant, certifies that all of the information set forth in this application and in the documents, schedules, reports, statements and/or all other information provided to Maple Trade Finance Inc. are full, true, correct, complete and accurately reflect the company's financial position. All information in this application together with documents provided are confidential and will not be released to third parties without the applicant's written authority. Maple Trade Finance Inc. is authorized to request, receive and verify credit reports and other financial information regarding the applicant and its business that Maple Trade Finance Inc. deems necessary and/or appropriate.

Company:	Date:
Name:	
Title:	
Signature:	