



NEW BUYER INFORMATION FORM

DATE _____

Client Information

(Please copy and complete for each client)

Client Name _____

Contact Name _____

Tel _____

Buyer Information

Company Name _____

Business Address _____

City _____

Province/ State _____

Postal/Zip Code _____

Country _____

Primary Contact Name _____

Average Monthly Purchases From Client
\$ _____

Tel _____

Fax _____

E-mail _____

Secondary Contact Name _____

E-mail _____

Tel _____

Fax _____

Terms Offered to Buyer

30 days 60 days 90 days Other _____

List of persons authorized to accept goods and services on behalf of the buyer:

Name

Title

1. _____

2. _____

Does the Exporter listed above have an equity interest in the Buyer listed above? Yes No

The following information is required for a successful application

Credit Information

Credit limit requested: \$ _____

Insurance Information

Credit insurance limit requested: \$ _____

Would you require Maple Trade Finance's credit insurance policy? Yes No

Do you have your own credit insurance policy?

(If yes, please provide a copy of buyer insurance approval.) Yes No

Name (print): _____

Signature: _____