



## 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: \_\_\_\_\_