



NEW BUYER INFORMATION FORM

DATE _____

Client Information

(Please copy and complete for each client)

Client Name

Contact Name

Tel

Buyer Information

Company Name *(Please ensure company name is identical to the name of the buyer on invoice)*

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:

Be advised that people listed will be contacted on a regular basis

Name

Title

1.

2.

Does the Exporter listed above have an equity interest in the Buyer listed above?

Yes

No

Insurance Information

The following information is mandatory for a successful application

Would you require Maple Trade Finance's credit insurance policy?

Yes No

Limit required: \$

Do you have your own credit insurance policy?

Yes No

Credit insurance limit: \$
(Please provide copy of buyer approval)

Name (print):

Signature: