



**CREDIT INFORMATION FORM  
BUSINESS ACCOUNT ONLY**



**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Confidential:** I/We the undersigned hereby certify that I/We will assume full responsibility for all utility accounts that will become owing to the City of Brantford in its personal capacity or as trustee for Utility related charges for service provided to this property.

**General Information:** PLEASE PRINT

Legal Name of Firm \_\_\_\_\_ Business # \_\_\_\_\_

Name of Parent Company if subsidiary \_\_\_\_\_

Principal Business Address: Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Type of products sold (Please describe) \_\_\_\_\_

At present location since (Date) \_\_\_\_\_ Principal Bank \_\_\_\_\_

Is business incorporated? YES  NO  Address \_\_\_\_\_

If yes, date incorporated \_\_\_\_\_ City \_\_\_\_\_

Do you  own  lease your principal place of business After Hours Contact Phone # \_\_\_\_\_

Leased from \_\_\_\_\_ Phone# \_\_\_\_\_

Names, home address and home phones of Principal(s) or Owners(s), sole proprietorship or partnership.

	<b>Name</b>	<b>Address</b>	<b>Home Phone</b>
1.	_____	_____	_____
2.	_____	_____	_____

Company \_\_\_\_\_

By \_\_\_\_\_ (Signature owner(s), Officer or Agent) \_\_\_\_\_ (Please print name)

Title \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**Account No.** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Deposit Requested:** \_\_\_\_\_

Cash	<input type="checkbox"/>
Letter of Credit	<input type="checkbox"/>
Other	<input type="checkbox"/>