



Birch Mountain Enterprises LP

Credit Application For a Business Account

1 Business Contact Information

Name:		Title:	Company Name:	
Phone Number:		Fax Number:	Email:	
Registered Company Address:				
City:	Province:	Postal Code / Zip Code:	Country:	

2 Business Credit Information

Bank Name:		Bank Address:		
City:	Province:	Postal Code / Zip Code:	Country:	

3 Business / Trade References

Company Name:				
Phone Number:		Fax Number:	Email:	
Company Address:				
City:	Province:	Postal Code / Zip Code:	Country:	



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3 Business / Trade References

Company Name:			
Phone Number:	Fax Number:	Email:	
Company Address:			
City:	Province:	Postal Code / Zip Code:	Country:

Company Name:			
Phone Number:	Fax Number:	Email:	
Company Address:			
City:	Province:	Postal Code / Zip Code:	Country:

4 Agreement

1. All invoices are to be paid thirty (30) days from the date of the invoice.
2. Claims arising from invoices must be made within seven (7) working days.
3. By submitting this application, you authorize Birch Mountain Enterprises LP to make inquiries into the banking and business / trade references that you have supplied for the purpose of creating a charge account.

Authorized Signature:	
Title:	
Date: (mm-dd-yy)	

Return completed form to Birch Mountain Enterprises LP. by:
Email: geraldine.maceachern@bmel.ca