

Company Information

Company Name _____
 Company Address _____ City / State _____ Zip _____
 Business Phone _____ Business Fax _____
 E-Mail Address _____ Years in Business _____
 Type of Business Corporation LLC Partnership Non-Profit Sole-Proprietor

Personal Information on Officers, Partners, or Guarantors

Name _____ Title _____ Social Sec. # _____ %Ownership _____
 Home Address _____ City / State _____ Zip _____
 Name _____ Title _____ Social Sec. # _____ %Ownership _____
 Home Address _____ City / State _____ Zip _____
 Name _____ Title _____ Social Sec. # _____ %Ownership _____
 Home Address _____ City / State _____ Zip _____

Company Bank References

Name of Bank _____ Account # _____ Open Date _____
 Telephone _____ Contact / Officer _____
 Name of Bank _____ Account # _____ Open Date _____
 Telephone _____ Contact / Officer _____

Trade References

Name of Supplier _____ Phone # _____ Contact _____
 Name of Supplier _____ Phone # _____ Contact _____

Vendor Equipment Information

Vendor Name _____ Phone # _____ Contact _____
 Equipment Description _____
 _____ Cost \$ _____

Declaration / Authorization

The undersign agrees that the information provided above, together with any financial statements, schedules, or other materials provided to Our Little Secret Corp."OLS" is true, correct, and complete. The undersign authorizes OLS to obtain the credit history of the undersigned and the officers and principals of the company and to investigate (directly or indirectly) such credit history from any source.

Signature _____ Title _____
 Print Name _____ Date _____

Please Fax Completed Application To: 604-464-2101