



**Mastectomy Wear
For Fighters & Survivors**

CREDIT APPLICATION

Legal Name _____

Trade Name _____ Years in business _____

Address _____ City _____ Prov _____ P.code _____

Telephone _____ Fax _____ e-mail _____

Owner(s) _____

Shipping address (if different) _____

BANK REFERENCE

Bank _____ Account number _____

Address _____ City _____ Prov _____ P.code _____

Telephone _____ Fax _____

TRADE REFERENCES

SUPPLIERS	PROV.	TELEPHONE	FAX
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Credit application must be signed

We hereby authorize Janac to obtain a reference from our bank and/or suppliers whose information is included on this form

Signature _____ Date _____