



Credit Risk Management Canada

Copy and complete form with as much detail as possible

Promotion Through: Chamber of Commerce
CRM Bulletin Membership

BJR

CONSUMER and BUSINESS ACCOUNTS Please call for the corporate account submission form when required.		Full Name of Individual or Legal Business Name: _____		Individual Date of Birth: _____ / _____ / _____ Mm / Dd / Yy	
Balance Owing: \$ _____		Address: _____		Main Phone : _____	
As of: / / Interest Rate: _____ % Mm Dd Yy		City & Postal: _____		Cell Phone: _____	
		Spouse's or Co-Applicant / Co- Owner Name: _____		Work Phone: _____	
		Responsible for debt: Yes or No		Email Address: _____	
Account #:		Date Last Paid:		Former Address:	
Credit Application <input type="checkbox"/> Attached <input type="checkbox"/> Available		Date of Last Invoice: Mm / Dd / Yy		Financial Institution:	
		Place of Employment: _____		Branch: _____	
		Former Place of Employment: _____		Account Number: _____	
		Spouse's Employment: _____			
Additional Comments: eg: service provided, product sold, etc. Attach Documents / Applications					
*10% off Overall Commission Rates for Accounts Submitted in April 2009 using this form					

Terms and Conditions: Regular commission will be billed at prevailing rates and /or deducted from funds available based on the principal balance owing. We understand that commission will be paid to CRM on funds or assets pertaining to the accounts regardless of whether the funds or assets are received at CRM Canada's office or received by us directly. We will report to CRM promptly (within 2 business days) any payments made to us directly or merchandise returned to us and accepted as payment. We authorize CRM to proceed with legal action where necessary and understand that CRM will request written authorization from us prior to incurring any specific litigation fees, court costs etc. on our behalf. All court costs and legal fees are charged to the Creditor and court cost recovered first. A cancellation fee of up to 10% may be charged if an account is withdrawn by the Creditor within the first 12 months of listing. If you charge interest, please advise us of the rate so that the correct amount can be added to the account.

YOUR NAME: _____ SIGNATURE: _____ DATE: _____
YOUR COMPANY NAME: _____ PHONE: _____ FAX: _____
ADDRESS: _____ EMAIL: _____

Return by fax: 1-800-350-7772 or 519-271-5725 by mail:

61 LORNE AVENUE EAST P.O. BOX 96 STATION MAIN STRATFORD, ONTARIO N5A 6S8 Tel: 519-271-6211 800-267-0490 ext. 224

Member, Associated Credit Bureaus of Canada and the Association of Credit and Collection Professionals

Email – priority@crmcanada.com