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EDC GROUP

Commercial Credit Application File

Consent Form

This document contains the authorization form allowing EDC Group to perform the banking, commercial, and legal background checks required for your application.

AGENT CONTACT INFORMATION

Organization: EDC Credit Assessment Group
Phone: (514) 700-8161
Email: 360enquetes@gmail.com
Website: enquetedecredit.com

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Personal Information Agent
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CONSENT FORM

ACCOUNT OPENING / COMMERCIAL PRE-LEASING

1. APPLICANT BUSINESS INFORMATION

COMPANY NAME: _____ **PHONE:** _____

CONTACT PERSON NAME: _____ **CONTACT PERSON PHONE:** _____

ADDRESS: _____ **CITY:** _____ **POSTAL CODE:** _____

2. BANKING REFERENCES

FINANCIAL INSTITUTION (BANK): _____ **ACCOUNT NUMBER:** _____

BRANCH ADDRESS: _____ **TRANSIT / BRANCH NUMBER:** _____

3. COMMERCIAL REFERENCES (SUPPLIERS)

SUPPLIER NAME	CONTACT PERSON	PHONE	CREDIT LIMIT
Supplier #1:			
Supplier #2:			
Supplier #3:			

4. AUTHORIZATION AND CONSENT

I hereby authorize **EDC Credit Assessment Group** as well as any personal information agent to perform a request for personal and credit information, including obtaining a bank report from my financial institution, conducting court record checks, and verifying credit information regarding my business with the suppliers listed in this application. We confirm that all information obtained will remain **strictly** confidential and will be used solely for the credit application process with the client named above or for commercial leasing purposes.

DATE: _____ **AUTHORIZED SIGNATURE:** _____