

CREDIT APPLICATION

Fallsview Casino Resort/MGE Niagara Entertainment Inc.



Applicant Contact Information

Organization Name:

Type of Organization:

Street Address:

City:

Province:

Country:

Postal Code:

Phone:

E-Mail:

Website:

Billing Address (if different):

Business Information

Number of Years in Business:

Accounts Payable Contact:

Billing Information

Amount of Credit Requested:

P.O. Required:

Authorized Purchasers:

Name:

Title:

Name:

Title:

All persons listed as authorized purchasers, as per the agreement will be considered authorized for purchases until written notice is received that a given individual is no longer authorized. The applicant is responsible for all purchases made by authorized purchasers.

Credit References

Please provide TWO references from locations you have hosted conferences/events/functions.

Supplier Name:

Street Address:

City:

Province:

Country:

Postal Code:

Phone:

Supplier Name:

Street Address:

City:

Province:

Country:

Postal Code:

Phone:

Banking Information

Name of Financial Institution:

Account Number:

Street Address:

City:

Province:

Country:

Postal Code:

Phone:

Terms and Conditions

I/we certify that I/we have reviewed all of the information provided above and that it is accurate. I/we hereby authorize MGE Niagara Entertainment Inc. (Operator of Niagara Fallsview Casino Resort) to conduct such investigation pertaining to the above information, as it is considered necessary for the approval of my/our credit, including disclosing such information to a party who specializes in the investigation of credit. I understand that my credit information will be maintained by MGE Niagara Entertainment Inc. until such time as any outstanding accounts have been paid in full.

I/we will pay the invoice amount in full within thirty (30) days of the event completion. I/we authorize the credit and bank references provided to disclose any credit reference information as requested. I/we understand that the company reserves the right to close this account if terms are not complied with or if the credit limit is exceeded at any time.

Name (Officer of the Corporation): _____

Title: _____

Signature: _____