



Extended Education Request for Credit

Date: _____

Legal Company Name and Address:

I, _____, being duly authorized by _____, consent to the University of Manitoba, Extended Education or any person acting on behalf of the University of Manitoba, Extended Education, to obtain a credit report of any such persons, firms, or corporations as it deems necessary to reach a decision on this application.

The company further agrees to the following:

1. To pay all items upon receipt of invoice unless specific terms have been noted on the invoice.
2. To notify the University of Manitoba, Extended Education of any change in the applicant's legal name or ownership.
3. A charge of \$30 will be assessed on returned cheques.
4. Additional credit will not be granted on overdue accounts.
5. Grades, transcripts will be held on outstanding accounts as deemed necessary.

Name (Please Print)

Phone #

Signature

Title

Return to: Finance/Accounts Receivable, Extended Education
 University of Manitoba
 166 Extended Education Complex
 Winnipeg, Manitoba
 R3T 2N2
 FAX: 204-474-7660
 Phone: 474-8048, toll free 1-888-216-7011 ext. 8048