

Credit Application



BILL TO

Company Name:		
Address:		
City:	Province:	Postal Code:
Phone Number:	Email:	
Account/Pay Contact:		

SHIP TO

Company Name:		
Address:		
City:	Province:	Postal Code:
Phone Number:	Email:	
Contact:		

BUSINESS DETAILS

President:	Address:		
Vice-President:	Address:		
Sales:	Address:		
PST #:	Business Tax #:		
Credit Amt. Requested:	Company Start Date:		
Select One:	<i>Proprietorship</i>	<i>Partnership</i>	<i>Corporation</i>

BANK DETAILS

Bank Name:	Phone Number:
Bank Contract:	Account #:
Card Number:	

TRADE REFERENCES

<i>Name</i>	<i>Company</i>	<i>City/Prov.</i>	<i>Phone/Email</i>
1:			
2:			
3:			

CREDIT POLICY

The undersigned will be contacted upon credit approval. If your account reaches an overdue status, we will make ONE attempt to notify you. If your account still remains overdue we reserve the right to charge your credit card for the outstanding amount. Please ensure all portions of this application are completed in full to ensure prompt processing. Thank you for your application.

Applicant Name _____ Signature _____ Title _____ Date _____