
CREDIT APPLICATION

To: Credit Department

From: New Accounts

Company Information

Company Name:

Address:

Province :

Postal :

Tel #: ()

Fax #: ()

Contact Name:

Name/Title of Company Official:

Accounts Payable Contact:

Year Established:

No. of Employees:

Type of Business Conducted:

Banking Information

Bank Name:

Bank Address:

Tel #: ()

Fax #: ()

Trade References

1) Company Name:

Address:

Tel #: ()

Fax #: ()

CREDIT APPLICATION

Trade References

2) Company Name:

Address:

Tel #: ()

Fax #: ()

3) Company Name:

Address:

Tel #: ()

Fax #: ()

4) Company Name:

Address:

Tel #: ()

Fax #: ()

Amount of Credit Desired: \$

Terms: NET 30 DAYS

Provincial Tax Exemption Number:

We agree to pay all outstanding invoices within 30 days, and further understand there will be a 1-1/2% per month interest charge on all past due accounts.

Please fax completed applications to 1-800-263-2945.

Authorized Signature:

Date:

For Office Use Only

Approved By:

Credit Limit:

SDY:

SDS: