Name Title

Credit Application FormPlease complete, sign and return this form by fax 905 648-7188.

3829 Forest Parkway Wheatfield, NY. 14120

1259 Sandhill Drive Ancaster, Ontario L9G 4V5



1. Company Informati	ion									
Legal Company Name										
Street Address										
City		State/Prov	/ince				Zip/Po	ostal Code		
Phone		Fax			V	Website				
Contact Name				Numb	er of Employees		Year	r Established		
Email for Invoices					A/P Contact Name	Э				
Federal Tax ID number (USA	4 only)				Exempt from S If yes, please attac				No	
Type of Business	Manufacturing	g Wholes		sale	Service Oth		ner	er Dun & Bradstreet ID number		
Company Composition	Sole Proprietor	torship Partner		rship	Corporation LI		_C			
2. Bank Reference										
Bank Name										
Street Address										
City	у		State/Province		Zip/Postal Code					
Contact Name		Pł	none			Fa	ax			
3. Trade References										
Where possible, DO NOT pro (not prepay accounts).	ovide Toll-Free num	ibers. We r	equire at	least TH	REE REFERENCES	S where yo	ou have d	credit established	d	
Company Name										
Contact Name					Title					
Email										
Company Name										
Contact Name					Title					
Email										
Company Name										
Contact Name					Title					
Email										
As a valued client, we welco delivering the best possible in in writing which may delay to	service. It typically	takes 3-5 l	business	days to p	process an applica	ation; how	vever, soi	me suppliers will		
4. Agreement and Sig	natures									
I/We expressly consent to I. obtaining credit from INCON	M Manufacturing G	roup. I/We	declare t	hat the i	nformation given	on this ap	pplication	n is true and acc	urate in every	

Signature

Date