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/Province		Zip/Postal Code		
Phone Fax		Fax	Website				
Contact Name			Number of Employees Year Established				
Email for Invoices			A/P Contact Name				
Federal Tax ID number (USA only)			Exempt from Sales and Use Tax (USA only) Yes No If yes, please attach copy of exemption certificate				
Type of Business	Manufactu	ring	Wholesale Service			Other	
Company Composition	npany Composition Sole Prop		Partnership	Corporati	on	LLC	
2. Bank Reference							
Bank Name							
Street Address							
City		State/Province	Zip/Postal Code				
Contact Name	Phone			Fax			
3. Trade References							
Where possible, DO NOT pro (not prepay accounts).	ovide Toll-Free กเ	ımbers. We require	at least THREE RE	FERENCES where	you have cre	edit established	
Company Name							
Contact Name			Title				
Phone		Fax		Email			
Company Name							
Contact Name			Title				
Phone		Fax		Email			
Company Name							
Contact Name			Title				
Phone	one			Email			
As a valued client, we welco delivering the best possible in writing which may delay to	service. It typical	lly takes 3-5 busine	ess days to process	an application; ho	wever, some	e suppliers will respond only	
4. Agreement and Sig	natures						
I/We expressly consent to I	NCOM Manufact	uring Group to ob	tain any reports co	ntaining credit or	personal inf	formation that is required in	

aspect. This declaration is made for the purpose of obtaining credit from INCOM Manufacturing Group. Terms of sale are Net 30 days. Signature Name Title Date

obtaining credit from INCOM Manufacturing Group. I/We declare that the information given on this application is true and accurate in every