CREDIT APPLICATION FORM



For customers needing different sold to and ship to addresses, please include all ship to addresses on a separate form. Company Name: Address of Business: (Street Address) (City) (Province) (Postal Code) Telephone Number: () - Fax No.: () -Email Address: ______ Type of Company: ___ Limited ___ Partnership ___ Sole Proprietorship Year business started: ____ President's Name: Home Tel. No.: () - Tel. No. Tel. No. Manager, Accounts Payable: Do you require use of purchase order numbers: ____ Yes ____ No Names of people permitted to place orders: Tax Number: Amount of Credit Requested: \$ _____ **CREDIT REFERENCES** Financial (Banking) Institution: Address of financial institution: (Street Address) (City) (Province) (Postal Code) _____Title: Contact: Cont'd.

















CREDIT REFERENCES cont'd.



Business/Trade References:

(List your **3 largest volume** supplier references with complete names, addresses, postal codes, phone and fax numbers.)

. Company Name:	Annual Volume: \$	
(Street Address)	(City)	(Province) (Postal Code)
Contact:	Tel: ()	
(Name)		-
2. Company Name:	Annual Volume: \$	
(Street Address)	(City)	(Province) (Postal Code)
Contact:	Tel: <u>(</u>)	
(Name)	Fax: ()	-
3. Company Name:	Annual V	olume: \$
(Street Address)	(City)	(Province) (Postal Code)
Contact:	Tel: <u>()</u>	
(Name)	Fax: ()	-
/We have read this application in its entirety of my/our knowledge.	and do hereby certify that the ab	ove information is correct to the best
(Signature)	(Title)	(Date)
(Signature)	(Title)	(Date)















