



CREDIT APPLICATION

COMPANY NAME: _____
ADDRESS: _____
CITY & PROVINCE: _____ POSTAL CODE: _____
PHONE NUMBER: _____ FAX NUMBER: _____
H.S.T. NUMBER: _____
YEARS IN BUSINESS: _____
TYPE OF BUSINESS: _____
CREDIT LIMIT: _____
PREFERRED METHOD OF RECEIVING INVOICES: _____ EMAIL _____
FAX _____

SUPPLIER'S REFERENCES

COMPANY: _____
ADDRESS: _____
CONTACT: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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ADDRESS: _____
CONTACT: _____
PHONE NUMBER: _____ FAX NUMBER: _____

BANK REFERENCES:

NAME OF BANK: _____
ADDRESS: _____
BANK CONTACT: _____
PHONE NUMBER: _____ FAX NUMBER: _____
ACCOUNT NUMBER: _____

PRESIDENT: _____
A/P CONTACT: _____

***I PERSONALLY GUARANTEE PAYMENT TERMS AS STATED ON INVOICES
OR WRITTEN QUOTATIONS.***

PRINT NAME: _____ TITLE: _____
SIGNATURE: _____ DATE: _____