



# Credit Application

Please tell us about your Company:

Company Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

In Business since: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Please provide information concerning the owner or the authorized officer if Incorporated:

Name: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Your Business is a:

Proprietorship

Partnership

Corporation

If your business is a Proprietorship, please provide Owner's driver's License #: \_\_\_\_\_

Type of Business:

Provincial Sales Tax No.: \_\_\_\_\_ Federal Sales Tax No.: \_\_\_\_\_

Trade Reference:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Authorized signing Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*PLEASE NOTE: Please complete application in full to avoid any delays in processing. Please be advised that until our credit review is completed all orders will be prepaid.