



CREDIT APPLICATION (Please Complete and Fax)

Registered Company Name: _____

Address: _____

Phone: _____ Fax: _____

Business Number: _____ Retail Sales Tax Permit #: _____

GST tax number: _____ PST tax number: _____

Nature of business: _____ Incorporation: _____

Ownership: _____ Number of employees: _____

Bank Name: _____

Bank Address: _____

Bank Contact: _____

Phone: _____ Fax: _____

PRINCIPALS:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

ACCOUNTS PAYABLE CONTACTS:

Controller: _____ Phone: _____

AP Name: _____ Phone: _____

AP Name: _____ Phone: _____

SUPPLIER REFERENCES:

Name: _____

Address: _____

Phone: _____ Fax: _____

Account: _____ Contact: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Account: _____ Contact: _____

Credit Limit requested: _____