



APPLICATION FOR CREDIT

NAME AND BUSINESS ADDRESS

TYPE OF ORGANIZATION (CHECK ONE)

() CORPORATION () PARTNERSHIP

DATE BUSINESS INCORPORATED: _____

BRANCH OFFICE: _____

TELEPHONE NO: _____

FAX NO: _____

NAME, ADDRESS AND RESIDENTIAL TELEPHONE NUMBER OF OFFICERS, PARTNERS OR OWNERS:

NUMBER OF EMPLOYEES: _____

TERMS: _____

GST/HST NO. _____

REFERENCES:

Bank: _____

MANAGERS NAME: _____ TELEPHONE NUMBER: _____

TRADE REFERENCES

NOTE: FAX NUMBERS AND EMAIL ADDRESSES ARE REQUIRED

(1) _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS _____
OR
FAX NUMBER: _____

(2) _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____
OR
FAX NUMBER: _____

(3) _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____
OR
FAX NUMBER: _____

(4) _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____
OR
FAX NUMBER: _____