

CREDIT APPLICATION

To prevent delay in your credit application being processed, please complete the following in full.

Name of company: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Telephone No: _____ Fax No: _____

Number of years in business under this company name: _____

Shipping Address: _____

(If different than above and special instructions if any)

Please advise us of any other trade name you may use: _____

Business Operated from: Retail Store Mfg Home Office Other: _____

Business Type: Proprietorship Partnership Corporation Other: _____

If a corporation, give legal company name as it appears on your corporate company seal:

Name of Owner/Director: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone No: _____ Ext: _____ E-Mail: _____

Chief Executive: _____ Title: _____

Address: _____ City: _____ Prov: _____

Accounts Payable Manager: _____

Amount of credit required: _____ P.S.T. No: _____

Visa/Master Card authorization: _____ Visa/Master Card No: _____

Applicants Drivers License No: _____

Authorized Signature

Title

Print Name

Date