



CREDIT APPLICATION FORM

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE / PROVINCE: _____

ZIP/POSTAL CODE: _____ TEL #: _____ FAX #: _____

TAX ID / GST _____ BUSINESS NUMBER _____

OWNER: _____ YEARS IN BUSINESS: _____

SIGNING OFFICERS: _____

ACCOUNTS PAYABLE CONTACT: _____

EMAIL ACCOUNTS PAYABLE: _____

BANKING INFORMATION

NAME OF BANK: _____

ADDRESS: _____

TEL #: _____ ACCOUNT #: _____

TRADE REFERENCES

1) NAME: _____ TEL #: _____

FAX#: _____

ADDRESS: _____

2) NAME: _____ TEL #: _____

FAX#: _____

ADDRESS: _____

3) NAME: _____ TEL #: _____

FAX#: _____

ADDRESS: _____