



42 Pinelands Avenue, Stoney Creek, ON L8E 5X9
Telephone: 905-662-4137 Fax: 905-662-8058

CREDIT APPLICATION

COMPANY NAME: _____

INVOICING ADDRESS _____

SHIPPING ADDRESS _____

TELEPHONE: () _____ FAX: () _____

TYPE OF BUSINESS

CORPORATION _____

PARTNERSHIP _____

SOLE PROPRIETOR _____

PROVINCIAL SALES TAX: PAY _____ EXEMPT _____ NUMBER: _____

NAMES OF OWNERS/OFFICERS _____ CREDIT LIMIT REQUEST: _____

1. _____

TITLE: _____

2. _____

TITLE: _____

3. _____

TITLE: _____

ACCOUNTS PAYABLE CONTACT: _____

NUMBER OF YEARS IN BUSINESS _____ BUILDING: OWN _____ LEASED _____

BANK NAME & ADDRESS: _____

CREDIT REFERENCES:

1. NAME _____

PHONE: () _____

ADDRESS _____

FAX: () _____

2. NAME _____

PHONE: () _____

ADDRESS _____

FAX: () _____

3. NAME _____

PHONE: () _____

ADDRESS _____

FAX: () _____

I/WE HEREBY AFFIRM THAT THE INFORMATION HEREIN GIVEN FOR THE PURPOSE OF OBTAINING CREDIT IS TRUE AND CORRECT. SHOULD CREDIT BE GRANTED I/WE GUARANTEE PAYMENT OF ALL PRESENT AND FUTURE DEBTS. I/WE AGREE TO PAYMENT TERMS OF NET 30 DAYS FROM INVOICE DATE.

SIGNED THIS _____ DAY OF _____ 201__

SIGNATURE OF OFFICER: _____