



**2700 SLOUGH STREET UNIT B, MISSISSAUGA, ON
TEL: (855)839-1857 FAX: (855)202-3857**

CREDIT APPLICATION

APPLICANT INFORMATION

Registered Name:		
Current address:		
City:		
Province / State:	Country:	Postal / Zip Code:
Telephone No.:	Fax No.:	Contact:
Owner:	President:	
Number of Years in Business:	Type of Business:	

FINANCIAL INFORMATION

Bank:		
Address:		
Phone No.:	Fax No.:	Credit Limit Requested:
Account No.:	Transit No.:	Contact:

TRADE REFERENCES

Company Name:		
Address:		
City:	Province/State:	Postal/ZIP Code:
Telephone No.:	Fax. No.:	Contact:

Company Name:		
Address:		
City:	Province/State:	Postal/ZIP Code:
Telephone No:	Fax No.:	Contact:

Company Name:		
Address:		Phone:
City:	Province/State:	Postal/ZIP Code:
Telephone No.:	Fax No.:	Contact:

AGREEMENT / PAYMENT TERMS

All accounts are due and payable within 15 days of invoice date. Failure to comply with these may cause for cancellation of credit and/or tariff rate changes. I (We) the undersigned make the foregoing representations with the understanding that the information supplied will be used in establishing credit & agree to comply with the terms and conditions. 2% per month or 24% per annum will be charged on any overdue invoices.

Name:	Signature:
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Title:	Date:
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Note: Please complete fully and Fax: (905) 672-3857

Approved by: _____ Date: _____ Limit: _____