



**CREDIT APPLICATION**

<b>CUSTOMER INFORMATION</b>			
Company name	_____	Billing	_____
Address (head office)	_____	Address	_____
Suite	_____	Suite	_____
City	_____	City :	_____
Province	_____	Postal Code	_____
Province	_____	Postal Code	_____
Telephone	( ) _____ - _____	Telephone	( ) _____ - _____
Fax	( ) _____ - _____	Fax	( ) _____ - _____
<b>NAME OF OWNERS</b>			
	<b>Name</b>	<b>Title</b>	<b>Telephone</b>
1.	_____	_____	( ) _____ - _____
2.	_____	_____	( ) _____ - _____
3.	_____	_____	( ) _____ - _____
In business since	Mth / Year	Credit required	Type of business
_____	/	_____ \$	_____
<b>BANKING INFORMATION</b>			
Bank	_____	Address	_____ Telephone ( ) _____ - _____
Contact	_____	Account No.	_____ Fax ( ) _____ - _____
P.S.T. No:	_____	G.S.T. No:	_____
<b>INSURANCE INFORMATION</b>			
Broker :	_____	Telephone :	_____
Contact :	_____		
<b>SUPPLIER REFERENCES</b>			
	<b>Name</b>	<b>Address</b>	<b>Telephone</b>
1.	_____	_____	( ) _____ - _____
2.	_____	_____	( ) _____ - _____
3.	_____	_____	( ) _____ - _____

I authorize the holder to inquire on my credit and obtain all necessary information.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print

<p><i>RESERVED FOR ADMINISTRATION</i></p> <p>REMARKS: _____</p> <p>_____</p>
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