

2114 Woodglen Crescent Burlington, Ontario L7L 6G7 Tel: (905) 330-3901 Fax: (905) 335-7060

CREDIT APPLICATION

COMPANY INFORMATION:

Name:		
Mailing Address:		
City:	Province:	
Postal Code:	e-mail:	
Telephone:	Fax:	
Form of Ownership:		
Length of Time in Business:		
Name of Principals: 1)	Title:	
2)	Title:	
Type of Business:		
Bank:		
Account Mgr:		
TRADE REFERENCES:		
1).	Tel:	
2).		
3).	Tel:	
ACCOUNTING INFORMATION:		
Buyers Name:	email:	
Accounts Payable Contact:	email:	
G.S.T. Number:		
Credit Limit Requested (if applicable):		
*Authorized Signature (For Credit Check Purpo	ses only):	
*Name:	Title:	