



Credit Application

Company Information

Date: _____

Name of Firm: _____ Web Site: http:// _____

Address: _____ City: _____ Postal Code: _____

Phone: () _____ Fax: () _____

Type of Business: _____

Is This Purchase for Resale?: Yes No

How Did You Find Us?: _____

Name of Officers/Owners of Firm: _____

G.S.T. # _____ P.S.T. # _____

Years Established: _____ Corporation Partnership Sole Proprietorship

Accounts Payable Contact: _____ E-Mail: _____

Phone: () _____ Fax: () _____

Purchasing Contact: _____ E-Mail: _____

Phone: () _____ Fax: () _____

Bank Reference

Name: _____

Address: _____

Phone: () _____ Fax: () _____

Business References (3)

Name: _____

Address: _____

Phone: () _____ () _____ () _____

Fax: () _____ () _____ () _____

Contact: _____

Signature: _____ Title: _____