



5670 Timberlea Blvd.
 Mississauga, ON L4W 4M6
 Tel: 1 (877) 427-2726
 Fax: 1 (866) 792-2724

CONFIDENTIAL CREDIT APPLICATION

Business Name _____

Billing Address _____ **Shipping Address** _____

Postal/Zip Code _____ **Postal/Zip Code** _____

Telephone # () _____ **Fax #** () _____

E-Mail address _____

Nature of business: _____ **Years in business** _____

Proprietorship _____ Partnership _____ Corporation _____

Name of proprietor or directors of company: _____

Credit limit requested: _____ **Accounts payable manager:** _____

Banking references	
Banking institution _____	
Branch address: _____	
Contact: _____	Phone # () _____
	Fax # () _____
Credit References	
Name _____	Phone # () _____
Address _____	Fax # () _____
	Est. Annual purchases _____
Name _____	Phone # () _____
Address _____	Fax # () _____
	Est. Annual purchases _____
Name _____	Phone # () _____
Address _____	Fax # () _____
	Est. Annual purchases _____
Rent _____ Own _____	Place of Business _____
	Fed Tax I.D.# (if U.S. Customer) _____
*Please attach certificate	

We certify the above information to be true and correct. We understand that all invoices are due in 30 days from invoice date and invoices not paid when due are subject to interest and service charges. If a corporation, we may require a personal guarantee from the principal.

 Signature Title Date