

CREDIT APPLICATION

Legal Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Shipping Address (if different than above): _____

Phone Number: _____ Fax Number: _____

Email Address: _____

GST Number: _____

Monthly Credit Limited Requested: _____

Authorized Purchasing Agent: _____

Yrs in Business: _____ Nature of Business: _____

Trade References (Required to Process Application):

Name: _____ Phone: _____ Fax: _____

Address: _____

Name: _____ Phone: _____ Fax: _____

Address: _____

Name: _____ Phone: _____ Fax: _____

Address: _____

TERMS ARE NET 30 DAYS; SERVICE CHARGES WILL BE PAID ON OVERDUE ACCOUNTS AT 2% PER MONTH – 24% PER ANNUM.

Date: _____

Signature of Authorized Representative: _____

Print Name and Title: _____