



Phone # 1-800-463-1475 or 519-767-2772
Fax# 1-866-516-5440 or 519-767-9776

CREDIT APPLICATION

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

POSTAL/ZIP CODE: _____ OWNER: _____

PHONE: _____ FAX: _____

A/P CONTACT: _____ PST EXEMPT #: _____

BILLING ADDRESS: _____

EMAIL ADDRESS: _____

WEB SITE: _____

NATURE OF BUSINESS: _____ # OF YEARS: _____

BANK NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

CREDIT REFERENCES: **(NOTE: OUR TERMS ARE 30 DAYS)**

REFERENCE #1: _____ CONTACT: _____

PHONE: _____ FAX: _____

REFERENCE #2: _____ CONTACT: _____

PHONE: _____ FAX: _____

REFERENCE #3: _____ CONTACT: _____

PHONE: _____ FAX: _____

FORM INFORMATION PROVIDED BY: _____

SIGNATURE: _____ TITLE: _____