



DATE _____

COMPANY NAME _____

PHONE _____ FAX _____

ADDRESS _____

CITY _____ PROVINCE _____

NATURE OF BUSINESS _____

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____

HOW LONG IN BUSINESS _____

ACCOUNTS PAYABLE CONTACT _____

PRINCIPAL(S)/OWNER(S) – NAME, ADDRESS, PHONE, TITLE, S.I.N.

BANK INSTITUTION _____

ADDRESS _____

ACCOUNT # _____ CONTACT _____

REQUESTED CREDIT LIMIT \$ _____

BUSINESS/GST NUMBER _____

PST EXEMPTION NUMBER _____

BUSINESS REFERENCES:

- | | | | | |
|----|----------|-------|-------|-------|
| 1) | SUPPLIER | _____ | PHONE | _____ |
| | ADDRESS | _____ | FAX | _____ |
| 2) | SUPPLIER | _____ | PHONE | _____ |
| | ADDRESS | _____ | FAX | _____ |
| 3) | SUPPLIER | _____ | PHONE | _____ |
| | ADDRESS | _____ | FAX | _____ |

I/WE THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT, AND THAT I/WE ARE AUTHORIZED OFFICER(S) OF THE ABOVE COMPANY. THE APPLICATE DOES HEREBY AGREE TO PAY ALL ACCOUNTS WITHIN THIRTY (30) DAYS AND ALSO AGREES THAT IN THE EVENT OF DELIQUENT ACCOUNTS TO PAY TWO (2) PERCENT INTEREST PER MONTH ON EACH THIRTY (30) DAYS THE ACCOUNT IS OVERDUE.

_____	_____
SIGNATURE	SIGNATURE
_____	_____
TITLE	TITLE

Please submit the completed form via fax to our office. Any credit application without a signature will be rejected.