



**PROVINCIAL  
GLASS & MIRROR LTD.**

40 York Street  
London, Ontario N6A 1A5  
Phone: 519-433-3501 Fax: 519-432-6685  
Direct Fax: 519-432-8875

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

CORPORATION  PARTNERSHIP  SOLE PROPRIETOR

HOW LONG IN BUSINESS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

PRINCIPAL(S)/OWNERS(S) – NAME, ADDRESS, TITLE  
\_\_\_\_\_  
\_\_\_\_\_

BANK INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ CONTACT \_\_\_\_\_

REQUESTED CREDIT LIMIT \_\_\_\_\_

BUSINESS/HST 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 HE AVOVE STATEMENTS ARE CORRECT, AND THAT I/WE ARE AUTHORIZED OFFICER(S) OF THE ABOVE COMPANY. THE APPLICATE DOES HEREMY AGREE TO PAY ALL ACCOUNTS WITHIN THIRDTY (30) DAYS AND ALSO AGREES THAT IN THE EVENT OF DELIQUET ACCOUNTS TO PAY TWO (2) PERCENT INTEREST PER MONTH ON EACH THIRTY (3) DAYS THE ACCOUNT IS OVERDUE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TITLE

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