



Fax Back to 905 450 4224

APPLICATION FOR CREDIT

Date	Account Manager:		
	Terminal Location:		
	Account No.:		
Customer Name:			
Address:			
Telephone:	Fax # :		
Head Office Address (if different from above):			
Type of Business:	Corporation	Partnership	Proprietorship
Individual			
Length of Time in Business:			
Date of Incorporation:			

Name(s) of Principals:

	Name	Position Held	Phone No.	Ext.
1				
2				
3				

Financial Institution (Bank etc.):

Address:	Contact:	Phone:

Reference (Transport Preferable):

	Account Name:	Contact Name	Phone:	Fax #:
1				
2				
3				

Line of Credit Requested:	\$		
Accounts Payable Contact:		Phone:	Ext.
Terms of Payment: NET 30 DAYS		Signature:	

OFFICE USE ONLY

Date Approved:	Account No.:
Credit Limited Applied:	
Comments:	
CREDIT MANAGER APPROVAL:	