



# APPLICATION FOR CREDIT

Account #

**CUSTOMER INFORMATION**

Name of Business			
Trade Name			
Address			
City/Province		Postal Code	
Mailing Address (if different)			
Phone		Alternate Ph/Cell	
Website		Fax	
Nature of Business		Year Established	
Credit Required	\$	P.O. Required?	Yes / No
D&B #		Equifax #	
GST Exempt #		PST/HST Exempt #	

**PRINCIPALS/OWNERS/OFFICERS**

Name		Phone	
Title		Email	
Name		Phone	
Title		Email	

**ACCOUNTS PAYABLE CONTACT**

Name(s)			
Phone	Ext.	Fax	
Email			

**BANK INFORMATION**

Bank		Contact	
Mailing Address		Email	
City/Province		Postal Coc	
Phone		Fax	
Transit #		Account #	

**REFERENCES (please provide MINIMUM of three)**

Company Name		Contact	
Phone Number		Fax	
Address		Email	
City/Province		Postal Coc	
Company Name		Contact	
Phone Number		Fax	
Address		Email	
City/Province		Postal Coc	
Company Name		Contact	
Phone Number		Fax	
Address		Email	
City/Province		Postal Coc	

I/we the undersigned apply for credit for the supply of goods, services and materials. I/we agree to pay your account within your terms of payment: NET 30 days following purchase, to pay 2% interest (26.82% annualized) on overdue accounts and I/we assume full responsibility for any costs incurred toward collection of account including legal fees. I/we understand and consent to you obtaining all pertinent information to determine the credit worthiness of the applicant.

Dated at \_\_\_\_\_ in the Province of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(MUST be Signature of Principal/Owner/Officer)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

**PLEASE NOTE: THIS APPLICATION MUST BE SIGNED AND WITNESSED**