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APPLCATION FOR CREDIT

Name of Company:

Address:

City: Prov/State: PC/ZIP:

Phone: Fax: Other: Website:

Check one of the following: ◯ Corporation ◯ Partnership ◯ Proprietorship Year Established:

Federal I.D. # *(US Clients):* PST Exemption # *(BC or Ontario Clients):* ***ONTARIO CLIENTS MUST SUPPLY CERTIFICATE OF EXEMPTION***

Name of Person Making Application: Position:

Name of Proprietor 1) Title:

or Officers 2) Title:

3) Title:

Accounts Payable Officer: Nature of Business:

TRADE REFERENCES (FAX NUMBERS ESSENTIAL)

1) Name of Company: How Long Dealing:

Address:

Phone: **FAX (essential):** E-mail:

2) Name of Company: How Long Dealing:

Address:

Phone: **FAX (essential):** E-mail:

3) Name of Company: How Long Dealing:

Address:

Phone: **FAX (essential):** E-mail:

BANK REFERENCE

Bank: Branch: Phone:

CERTIFICATION / DECLARATION (IMPORTANT - PLEASE READ CAREFULLY & BEFORE SIGNING)

I/We are making making an application for open terms and certify that the information given for the purpose of opening this account is true. I/We authorize verification of the above facts. I/We accept the vendor's privilege to charge interest on all overdue accounts.

I hereby certify that I have read and understand this application and that all of the statements and information contained herein is true, correct, complete, and made in good faith.

SIGNATURE: _____ DATE: _____

*** if submitting via email, typing your name will constitute your signature ***

FOR OFFICE USE ONLY

DATE SENT:

Customer Name: Contact:

Sales Rep: Processed By: Quote: ◯ Order: ◯ GST Charge: ◯ Exempt: ◯ PST Charge: ◯ Exempt: ◯ RST Charge: ◯ Exempt: ◯

Industry Code: (pick from list or type)

COMMENTS

PRINT

SUBMIT VIA EMAIL