



APPLICATION FOR CREDIT

CREDIT LIMIT REQUESTED: _____

DATE OF APPLICATION: _____

COMPANY TRADE NAME / EMPLOYER: _____

BUSINESS PHONE #: _____

BUSINESS FAX #: _____

HOW LONG HAVE YOU BEEN IN BUSINESS?: _____ YEAR(S) NATURE OF YOUR BUSINESS: _____

PRINCIPLES OF COMPANY: _____

ARE YOU PROVINCIAL SALES TAX EXEMPT? YES _____ NO _____

DO YOU REQUIRE PURCHASE ORDERS? YES _____ NO _____

DO YOU REQUIRE A COPY OF MONTHLY A/R STATEMENTS? YES _____ NO _____

***** SALES TAX EXEMPTION FORM MUST BE COMPLETED AND ATTACHED *****

BANK NAME AND BRANCH: _____

BANK ADDRESS: _____

CONTACT PERSON: _____

ACCOUNT NUMBER: _____

CREDIT REFERENCES: (INCLUDE NAME, ADDRESS, PHONE AND FAX #)

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

_____	_____	_____
CUSTOMER SIGNATURE	TITLE	DATE
_____	_____	_____
APPROVAL	CREDIT LIMIT	DATE
_____	_____	_____
LEVEL	AUTHORIZATION	SALESMAN

**OUR CREDIT TERMS ARE NET 45 DAYS.
ALL ACCOUNTS 60 DAYS PAST DUE WILL BE PLACED ON HOLD**