



CREDIT APPLICATION

COMPANY NAME _____

BILLING ADDRESS

STREET _____ CITY _____

POSTAL CODE _____ TELEPHONE _____ FAX _____

SHIPPING ADDRESS

STREET _____ CITY _____

POSTAL CODE _____ TELEPHONE _____ FAX _____

ACCOUNTS PAYABLE SUPERVISOR _____

E-MAIL ADDRESS _____

PROVINCIAL SALES TAX # _____

BANK _____ BRANCH _____

CONTACT _____ TELEPHONE _____

TRADE REFERENCES

1. COMPANY _____ TELEPHONE _____ FAX _____

2. COMPANY _____ TELEPHONE _____ FAX _____

3. COMPANY _____ TELEPHONE _____ FAX _____

ESTIMATED CREDIT REQUIRED \$ _____