



10 William Street
Elmvale, ON. L0L 1P0

CREDIT APPLICATION

I. General Information:

Firm Name: _____ Date: _____

Street Address: _____

Bill to Address: _____

Main Phone: _____ Main Fax: _____

Sales Representative: _____

Amount of Credit Requested: _____

II. Business Information:

Year Established: _____ D & B Number: _____

Business Organization: Incorporated Partnership Sole Proprietorship LLC

Tax Exempt: Yes No Annual Sales Volume: \$ _____

President: _____ V.P. Finance: _____

Type Business: _____

III. Business Contacts:

Buyer:

_____	_____
Name	Phone
_____	_____
Email Address	

Accounts Payable:

_____	_____
Name	Phone
_____	_____
Email Address	

Controller:

_____	_____
Name	Phone

IV.

Credit References:

1.	Bank: _____ Acct. Number: _____
	Address: _____
	Phone: _____ Fax/Email: _____
2.	Supplier: _____
	Address: _____
	Phone: _____ Fax/Email: _____
3.	Supplier: _____
	Address: _____
	Phone: _____ Fax/Email: _____
4.	Supplier: _____
	Address: _____
	Phone: _____ Fax/Email: _____

Customer Signature: ★ _____ Date: ★ _____

Title: ★ _____