



1070 Heritage Road
Burlington, ON. Canada
L7L 4X9

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CREDIT APPLICATION

Registered Company Name: _____

Bill to: _____ Ship to: _____

Address: _____ Address _____

City: _____ Prov/State _____ City: _____ Prov/State _____

Postal/Zip : _____ Postal/Zip : _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Owner/President: _____ S.I.N./S.S.# _____

Proprietorship Partnership Corporation
Buyer: _____ Manager _____

of YRS. In Business: _____ # of Salesmen: _____ Territory Covered: _____

P.S.T. # _____ G.S.T. # _____ Federal I.D.(I.R.S.)# _____

Bank Reference: _____ **Manager:** _____

Account # _____ Phone: _____

Address: _____

Trade References:

Name	Address	Fax#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Amt. Of Credit Required: _____ Est. Monthly Purchase: _____

Statements not issued for amounts less than \$300.00

Require a Statement: YES NO

F.M.S.I. Terms: Net 30 Days from Date of Invoice

Authorized Signature: _____