



CREDIT APPLICATION

Registered Company Name: _____

Buying Group: _____

Bill to: _____ Ship: _____

Address: _____ Address: _____

City: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Prov/State: _____ Postal/zip: _____

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

Owner/President: _____ SIN/SS# _____

Proprietorship:

Partnership:

Corporation:

Buyer: _____ Manager: _____

of Years in business: _____ # of Salesmen: _____ Territory covered: _____

HST # _____ Federal I.D. (IRS) # _____

Bank Reference: _____ Manager: _____

Account #: _____ Phone #: _____

Address: _____

Trade References:

Name	Address	E-mail
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Amount of credit required: _____ Est. Monthly Purchase: _____

Statements not issued for amounts less than \$300.00

Require a Statement: Yes

No:

FMSI Terms: Net 30 Days for Date of Invoice

Authorized Signature: _____