



### Customer Credit Application

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ GST Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Accounts Payable

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Online Profile

Would you like to set up an online profile to enable ordering directly from our website?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

### Invoice Preferences

Mail: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Names of Principals, Partners or Proprietors:

1. \_\_\_\_\_ Title: \_\_\_\_\_
2. \_\_\_\_\_ Title: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Premises Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ How long Dealing with Bank: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Account Manager: \_\_\_\_\_

### Trade References

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Terms:** It is understood and agreed that all invoices will be paid within the terms, strictly net thirty days. Past due invoices may be subject to interest at 18% annum (1.5% per month.)

**Signature of Authorized Owner(s) Director(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Once completed please fax back to 403-255-3977.